S. HRG. 100-329

OVERSIGHT HEARING ON VETERANS' HEALTH CARE IN HAWAII

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDREDTH CONGRESS

FIRST SESSION

APRIL 14, 1987
HONOLULU, HI

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OVERSIGHT HEARING ON VETERANS' HEALTH CARE IN HAWAII

TUESDAY, APRIL 14, 1987

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Honolulu, HI.

The committee met, pursuant to notice, at 10:05 a.m., in the Hawaii State Capitol Auditorium, Honolulu, HI, Hon. Spark M. Matsunaga, presiding.

Present: Senator Matsunaga; Representatives Akaka and Saiki.

Senator MATSUNAGA. The U.S. Senate Committee on Veterans' Affairs will come to order. As Acting Chairman, I'm pleased to invite Congressman Daniel Akaka and Congresswoman Patricia Saiki to join me as temporary members of the committee at this historic hearing, and I say "historic" because this is the first time in the history of this State, and Territory prior to that, that a Senate Veterans' Affairs Committee is holding hearings in Hawaii. Will you please join us, Congressman and Congresswoman?

Because this is such a historic occasion, we will, I'm sure, further add to the noteworthiness of it by asking the Pastor of the most historic church in this State, the first to be established in these paradise isles, the Reverend William Kaina of Kawaiahao Church. Reverend Kaina.

Reverend KAINA. Ladies and gentlemen, pause with me for prayer. Let us pray. In the name of the Father, and of the Son, and of the Holy Spirit. Holy and everloving God, thou are the eternal keeper of all our lives and years, in whom we live and move and have our being, giver of hope, inspirer of our hearts and minds, and answer to our life's yearnings. We praise and thank thee for thy inspiration, which prompted this long-awaited hearing. We thank thee for our own U.S. Congress, whose concern and interest in the affairs and conditions of veterans throughout our Nation has brought thy servants to us. When evil men have sought to dethrone human values and truths and undermine justice and peace among the nations, these, our beloved veterans, have been brave defenders of human rights and values of peace and justice. We thank thee, O God, for them. We call thy name in faith and in prayer to bring the fullness of thy spirit's blessing and influence into this hearing. As these concerned men and women wrestle with the issues concerning the affairs confronting the day-to-day existence and health care of our veterans, inspire us all toward the cure for our souls as we find solutions for better health care for our veterans. For thou does open for us new and different ways and accompany us to bestow upon those we endeavor to help the best we have to offer. Grant us vision and patience to walk with loving concern in the lives of these veterans. And so, in gratitude, we praise and thank thee for all thy servants, our honorable Congressmen and Congresswomen, Senator Sparky Matsunaga, Pat Saiki, Daniel Akaka, for their deep concern and interest in being messengers of hope for all veterans and especially for those here in Hawaii Main and throughout the Pacific area. So breathe upon this hearing thy benediction and love, and let all that we do here be our offerings of thanksgiving unto thee, O Lord. Amen.

OPENING STATEMENT OF SENATOR MATSUNAGA

Senator **Matsunaga**. Thank you very much, Reverend Kaina. As a war veteran myself, I'm also very pleased to see my many Hawaii veteran friends—representatives of national and local veterans' service organizations, Hawaii State officials, representatives of the University of Hawaii, private health organizations, and representatives of the Veterans' Administration and the Department of Defense. I extend my warm Aloha to you all, and I want you to know that I very much appreciate your being here today. Your commitment to the welfare of Hawaii's veterans is truly commendable, and I look forward to hearing your testimony today.

Before listening to what you have to say, however, I would like to address the three specific areas of concern that we plan to focus on today. First, the issue of how health-care services should be provided to Hawaii's veterans through the Veterans' Administration, both on Oahu and on the neighbor islands. Second, how best to expand the care available in Honolulu to veterans of the neighbor islands. And, third, how best to provide specialized psychological counseling and support services for Vietnam veterans in need of readjustment counseling services.

On the first issue, it is disturbing to note that Hawaii's veteran population, which numbers over 110,000, receives less VA medical dollars than any other State, and ranks next to the lowest in VA spending per person, despite the fact that the law gives Hawaii veterans special eligibility for care at VA expense in private facilities or from private providers, whether the condition is service-connected or not, if direct VA services are not accessible.

To my knowledge, under the VA's current system in Hawaii, Oahu veterans in need of medical care first go to the VA Outpatient Clinic here in Honolulu where, if the veteran has a condition treatable on an outpatient basis, the veteran receives his or her care. If the veteran is not able to be treated on an outpatient basis, he or she is referred to the Tripler Army Medical Center where the VA, by contract with the Army, currently has access to a maximum of 65 beds for veteran inpatient care. If Tripler Hospital is unavailable to provide for that veteran, either because beds or specialized medical treatment services are unavailable, the veteran is referred to a private hospital at VA expense. Neighbor island veterans receive their hospital care, if appropriate services are available, at local facilities on a fee basis.

Only veterans in Alaska, the only other State without a VA Hospital, are eligible for this same level of fee basis services.

For a number of years, veterans and the VA alike have recognized the need for improvement in veterans' access to inpatient medical-care services in Hawaii. In fact, after much preliminary discussions, the VA in 1981 agreed to develop a shared-facility relationship with Tripler Hospital, with the VA to provide construction dollars to renovate Tripler Hospital's E-Wing to add 70 VA psychiatric and 60 VA nursing home care beds. I first proposed such a sharing arrangement with Tripler Hospital in 1975. In the 1981 agreement, the Army agreed to make the E-Wing available to the VA in 1983, after having completed other major renovation work being done at Tripler.

Today, 6 years later, we are still waiting.

Since the first agreement was made with regard to the Tripler E-Wing space, the VA has reevaluated the bed requirements and now proposes establishing 35 to 45 acute medical beds, 20 to 30 surgical beds, 25 to 35 acute and chronic psychiatric beds, and 40 to 60 nursing home care beds. Under the current VA-Department of Defense agreement, the Tripler E-Wing will not be made available to the VA until January 1990. At that point, nearly 10 years after the VA and DoD made their first shared relationship agreement—the VA will be ready to begin design and construction. According to recent VA calculations, the earliest estimated date of completion of construction and subsequent availability of VA beds for Hawaii's veterans will be March 1994. Much, much too late for many veterans who need care right now, many of whom are in their 70's and early 80's today.

We war veterans in Hawaii have waited patiently for a long time—much too long—with essentially no results to date, and it looks like a lot longer before this long-promised VA wing at Tripler Hospital comes into being. Under the circumstances, I feel strongly that the Veterans' Administration has taken unfair advantage of the patience and good nature of Hawaii's veterans beyond any sense of reasonableness. I myself have always tried to live by that Oriental maxim, "In fending life's soul-trying blows, let patience be your winning ploy." But even that patience is beginning to wear out.

If the VA's most optimistic estimate is accurate and VA beds won't be available at Tripler Hospital until 1994, we need an interim plan in place now to bridge the 7-year wait for a VA wing at Tripler Hospital to open.

Alternatively, many of Hawaii's veterans have written to me that what is needed is a completely different and more integrated system for providing VA health care for Hawaii's veterans—that is, a full-fledged or semiseparate VA Medical Center. Such an integrated system would provide for the entire spectrum of veterans' health-care needs, from outpatient care to acute care to extended care, as well as establish a firm basis for the VA to carry out medical and other health-care education, to conduct research in areas of particular concern to Hawaii's veterans—such as in geriatrics, prosthetics, and mental health. Such an alternative may well turn out to be no more expensive than the extensive renovation that the VA faces at Tripler.

I will make my recommendations to the Chairman and members of the full committee after listening to today's witnesses on both the short term and long term alternatives for veterans' inpatient care in Hawaii.

On the second major issue for today's hearing, how best to expand the care available in Honolulu to veterans on the neighbor islands, I would welcome witnesses' views on the suggestion that VA Honolulu outpatient clinic services be extended to the neighbor islands through traveling teams. The need seems especially grave in the area of psychiatric care, particularly inpatient as well as outpatient care for PTSD.

Under the present system, the availability of VA health-care services to veterans on the neighbor islands depends to a large degree on transportation, as you well know. In this regard, the VA recently issued new regulations which changed the conditions under which veterans may receive beneficiary travel reimbursement. The new regulations require that a deductible be paid on reimbursement for long-distance travel and, except for certain emergencies and special modes of travel, eliminate all reimbursements for local travel, up to a distance of 100 miles one way. Although nationwide many veterans have found these new regulations burdensome, none faces the same hardship that Hawaii's veterans do under the new rules. Most veterans living on the neighbor islands are, in fact, within 100 miles of Honolulu, but unlike that on the mainland, interisland travel is very costly. The extra cost placed on Hawaii's veterans under these new regulations is obviously burdensome and unfair and should be rectified immediately. The views of the VA on this matter will be awaited with anxiety.

In considering the third major issue for today, that is, the availability of specialized psychological counseling and support services for Vietnam veterans in need of readjustment counseling services, we need to bear in mind that, in most areas across the Nation, veterans receive readjustment counseling services—including individual, group and family counseling—in Vet Centers and satellite operations located in the local community. In areas with no Vet Centers, the VA may provide readjustment counseling services to veterans through a contract or fee arrangement with community professionals. We have a Vet Center here in Honolulu that provides for the readjustment counseling needs of veterans on Oahu. On the neighbor islands, however, a different situation persists. Not only are there no Vet Centers there, but there is also a serious question about the availability in the private sector of specialized kinds of counseling and other support services needed by many Vietnam veterans on those islands.

To require veterans who need regular readjustment counseling services to travel from one island to another in order to receive the help they require poses additional readjustment problems. Where appropriate counseling services are not available, neighbor island veterans certainly deserve the VA's immediate attention and resolution of their problems.

Again, Hawaii's veterans have been waiting too long.

I asked our committee Chairman, Senator Alan Cranston of California, to call this hearing so we can gather, for the Committee on Veterans' Affairs, the views and perspectives of those who are most familiar with Hawaii's veterans' health-care concerns. So, I'm here to gather your ideas, your comments, your views based upon which the committee may find some solution to the difficult health-care issues confronting Hawaii's veterans—in both the short term and long term. As one who represents the people of Hawaii in the U.S. Senate, I'm grateful that Senator Cranston has pledged his full support of my efforts—our efforts—to develop and implement solutions to these vexing problems.

Our agenda for today is very full and the hearing is likely to go for many hours. Since we have a long list of witnesses, I request each of you to limit your verbal remarks to no more than 5 minutes as a summary of your written statement. This will allow us time for questions and specific issues raised in your written testimony, and also give us the time we need to have a full dialogue with the VA's Chief Medical Director, Dr. John Gronwall, and the Army's Surgeon General, Lt. Gen. Quinn Becker, both of whom will testify in another positions. Your entire written statement, of course, will be printed in the official hearing record as though presented in full, and will be available to members of the full committee.

Now, I think you very much for your patience, and I don't blame the young lady for saying, "What about you?", but I thought since I came all the way from Washington, for the first time here acting as chairman of the committee, I thought I should exercise that privilege, so I hope that answers your question, young lady.

I have a statement from Senator Alan Cranston, chairman of the Committee on Veterans' Affairs, which I would like to insert in the record at this time.

[The prepared statement of Chairman Cranston appears on p. 88.]

And now, I'll call upon Congressman Akaka for any opening statement that he may have.

OPENING STATEMENT OF REPRESENTATIVE AKAKA

Mr. **Akaka**. Thank you very much, Senator Matsunaga. I would like to thank the Senate Veterans' Affairs Committee for holding the hearing today in Hawaii about the VA health-care system. The committee has assembled quite a list of impressive witnesses, and I look forward to hearing their testimony. I would also like to express my gratitude to Senator Matsunaga for inviting me to participate in this hearing today, and I know that we will all benefit from the understanding we gain today as we listen to the many individuals who are touched by the VA's health-care system in Hawaii.

I just want to share a few facts concerning the VA, Mr. Chairman, for your understanding and knowledge. The VA is larger than any one of the Departments of State, Interior, Labor, Commerce, Education, Transportation, Energy, Housing and Urban Development, and Justice. The Agency ranks second only to the Department of Defense in the number of personnel, with over 244,000 employees. The VA's budget for fiscal year 1988 will probably exceed $27 billion and support a variety of medical, education, income, job training, insurance, and loan programs which are potentially available to the county's 28 million veterans and their dependents. It administers the largest health-care system in the free world, with 1.5 million veterans receiving inpatient health care.

Let's focus on Hawaii. Our State is home to more than 102,000 veterans; 15,700 of them are over the age of 65. By 1990, that figure is expected to increase to 23,900; and by the year 2000, the total will have risen to more than 35,700. These numbers indicate the growth we can expect in the segment of our population which traditionally has been very dependent upon the VA health-care system.

Funding for medical care comprises only part of the VA's contributions to Hawaii. During fiscal year 1985, total VA allocations for Hawaii veterans amounted to more than $81 million. Included in this amount was $43 million which was paid to over 10,000 Hawaii residents who are either disabled as a result of military service or receive pension benefits; $9 million in readjustment and vocational rehabilitation program; $7 million for insurance and indemnities; and $28,000 for construction and related costs. This is what is being contributed by the Federal Government to Hawaii for programs that helped you.

Finally, it is clear that we benefit significantly from the VA's investment in Hawaii. I look forward to examining one of the components of the VA-provided services—the health-care system—to see how our tax dollars are being spent. I'm eager to learn from you whether this money is being utilized wisely, how the veterans' health-care system in Hawaii can be improved, and how the health-care system can meet the future needs of an aging veterans population.

Mr. Chairman, I thank you for this opportunity, and ask that my full text be included in the record.

Senator MATSUNAGA. Without objection, the full text of the statement will appear in the record. And now, I wish to call upon Congresswoman Saiki for any opening statement she may have.

[The prepared statement of Representative Akaka appears on p. 83.]

OPENING STATEMENT OF REPRESENTATIVE SAIKI

Mrs. SAIKI. Thank you very much. I want to congratulate Senator Matsunaga. This is truly an historic occasion, and I know with this kind of support, something is going to be done, because 10 years is too long. I especially applaud the concept of an interim plan. I think it's absolutely necessary to develop the quality of care along with the process of care, and this is where I think a special focus must be made. Veterans have made their contribution to our country, and by golly, the least we can do is take care of their health. I had the privilege of reading through some of the testimony which Senator Matsunaga was kind enough to prepare for me as a packet, and I was able to read some of it last night, so I think I have a good focus on what is the problem. And of course, Representative Akaka cited very interesting statistics which bear out the succinctness of the problem. I look forward to hearing from all of you. I have to apologize and say I'm not going to be able to stay with you throughout the whole day; however, I'm going to take the material with me. I made a commitment to Senator Matsunaga that if there's anything I can do to assist you and the committee at any time, over in the House, you know you've got "kokua" from us. Thank you very much.

Senator **Matsunaga**. We have a written statement from the senior Senator, Senator Dan Inouye, and that statement will be inserted in the record as though presented in full.

[The prepared statement of Senator Inouye appears on p. 86.]

Senator **Matsunaga**. Now to proceed with the hearings, I would like to call to the witness stand, and there is the witness stand [indicating], the first panel of witnesses consisting of Dr. John Henry Felix, Chairman of the Hawaii State Veterans Affairs Advisory Council; and Maj. Gen. Walter Tagawa, President of the Hawaii State Veterans' Organizations Council, accompanied by Dr. John A. Sheedy. Will the witnesses please take their positions at the witness stand?

Now, here to my left, in front of Congressman Akaka, are two lights—one green, one red. When the green light is on, go full speed ahead. We don't have any yellow light, as in traffic. When the red light comes on, then you are supposed to stop by finishing the sentence you are citing. So, may we first hear from my good friend, John Felix?

STATEMENT OF DR. JOHN HENRY FELIX, CHAIRMAN, HAWAII STATE VETERANS AFFAIRS ADVISORY COUNCIL

Dr. **Felix**. Thank you very much. Mr. Chairman, it is indeed a privilege for me to represent the Hawaii State Veterans Affairs Advisory Council on this historic occasion. I would like to preface my remarks by saying that, on behalf of the 100,000+ veterans in Hawaii, we are indeed most appreciative for your leading the way in making this hearing possible. And to Congressman Akaka and Congresswoman Saiki, we are indeed appreciative that you have taken time from your busy schedules to join with the good Senator and make this a very constructive and productive session.

My testimony has been submitted in writing in great detail, and I must admit that it does go over the 5 minutes that we're allotted. So, what I will do, rather than to read verbatim, is to extrapolate those salient points and to paraphrase wherever possible.

The Hawaii State Veterans Affairs Advisory Council was orginally set up in 1971 at the initiative of then-President Richard Milhouse Nixon to look into the great concerns centering around the unemployment and underemployment of veterans. Governor Burns at that time appointed a committee composed of individuals representative of the full spectrum of the community—the private sector, government, veterans organizations, and the like—to look into the perplexing problem of the 8,000 unemployed and underemployed veterans in the State. Over a period of years, through the efforts of the Council in cooperation with the community, we were able to ameliorate the situation to the point where it was no longer a critical problem. It was at this time that then-Governor Ariyoshi saw a need to expand the role of what was referred to as Jobs for Veterans Advisory Council to include concerns centering around the full spectrum of veterans' concerns—health, cemeteries, education, and the like. The committee was reconstituted under the direction of then-Governor Ariyoshi, and the committee went to work to see how it could assist the 100,000+ veterans in the community to better cope with the problems, the trials and tribulations that faced most of them.

It was in 1985 that we decided we should hold a series of historic hearings throughout the State to get firsthand the concerns of veterans, not only here on the island of Oahu, but also on the islands of Kauai, Maui, and Molokai. We did not go to the island of Lanai, and that was our loss. We hope to do that sometime in the not-too-distant future. The concerns expressed were rather varied, and I realize that today's hearing is centered around health-care delivery systems; however, if you will bear with me, I will touch on the full spectrum of concerns in order to put this whole picture into proper perspective. As I said earlier, the hearings were conducted from January 28 of 1985 through May 29 of 1985. There were seven members of the Governor's Hawaii State Veterans Affairs Advisory Council that went on this mission. It was done at no cost to the State, which is rather unusual in this day and age. We did submit a final report to the Governor in June of 1985, and the following issues were addressed.

I will start first with the Federal issues. No. 1, the lack of a long-term medical facility on Oahu and the need for a Veterans' Administration hospital other than the use of Tripler Army Hospital. Veterans had reached a point of frustration in all the extension dates that were provided for over an extended period of time, and you, dear Senator, did very eloquently expand on that particular topic—of the 10 years that have gone by, 10 years of frustration for veterans seeking medical assistance.

The other area of great concern was the medical services benefits, or the lack of benefits, especially for neighbor islanders. The horrendous cost in traveling to and from Oahu to go to Tripler Army Hospital. It was felt that an interim plan should be evolved in order to take care of the immediate needs until Tripler Army Hospital was made available, and now it appears to be in 1985.

There are a number of other items in my testimony, and they are a matter of record, but I would like to close on this note. Hawaii's veterans have truly waited long enough. Their patience has been tried to the very limit. Now is the time for action, dear Senator, and we look to you for direction. We look to you for the answers. Thank you very much.

[The prepared statement of Dr. Felix appears on p. 88.]

Senator MATSUNAGA. We shall be pleased to hear now from General Tagawa.

STATEMENT OF MAJ. GEN. WALTER TAGAWA, PRESIDENT, HAWAII STATE VETERANS' ORGANIZATIONS COUNCIL

General TAGAWA. Thank you very much, Senator. I would like to, on behalf of all the veterans in the State of Hawaii, and also on behalf of the Veterans Council which represents more than 40 veterans' organizations, say that we are most grateful to you, Senator, personally, and to the U.S. Senate, for the conduct of this historic hearing.

The veterans organizations are conscious of the provisions of existing VA laws where entitled veterans should be able to receive high-quality medical care, but that entitlement is not being fully realized as in other States in the continental United States. We are aware of States, such as South Dakota, where the veteran population is less than Hawaii's, but where they enjoy three veterans' hospitals. The decrease in resources of Tripler Army Medical Center has caused concern of not being able to provide the intended service to the veterans' community. This has caused veterans to seek treatment in the private sector, using private health insurance. These concerns will be further articulated in other testimonies from veterans organizations.

There is also concern that with the modification in mission for the Tripler Army Medical Center, the E-Wing will not be available for veterans' care in a war contingency.

We therefore support the Veterans' Administration health-care option to build a free-standing hospital for acute and long-term care. We also support the VA Position Statements and recommendations for Outer Hawaiian Islands and Pacific Basin Health Care.

While this hearing is devoted to health-care issues, we would like to take this opportunity, Mr. Chairman, to provide information on another matter which is of significant concern to the Hawaii State veterans' community. That is, the State Veterans' Cemetery. With the realization that the National Cemetery of the Pacific at Punchbowl would be running out of space for body burials in December 1989, we have requested the Hawaii State Legislature to provide legislation to identify a suitable site on Oahu for development of a cemetery. We have been encouraged by the support we have received and initiative taken by the legislature. But the development is contingent on Federal participation, and it is our understanding, Mr. Chairman, that provisions for grants under Public Law 95-476, the Veterans' Housing Benefits Act, 1978 will terminate in September 1987. We would like to request an extension of this termination to allow sufficient time to execute this development, inasmuch as the Hawaii State government is favorably inclined to make the Veterans' Cemetery a reality. We will be most grateful if the U.S. Senate and House Committees on Veterans' Affairs will support this extension.

Thank you very much, Mr. Chairman, for this great opportunity.

Senator MATSUNAGA. Thank you very much. We shall now hear from Dr. Sheedy.

STATEMENT OF DR. JOHN A. SHEEDY, HAWAII STATE VETERANS COUNCIL

Dr. SHEEDY. Mr. Chairman, I'm Dr. Sheedy. I'm representing the Hawaii State Veterans' Council. I'm also the Senior Vice Commander, Department of Hawaii, Disabled American Veterans. It's a pleasure to address you, sir. I'm going to read only the summary of my testimony because the rest of it is more detailed and time will not permit.

First, Hawaii has a significant veterans population that will increase in the future, based upon past demographic trends. This population, as has been stated, is grossly underserved in relation to the facilities, staff and funding allocated to this State.

Second, outpatient psychiatric/psychological care represents a considerable workload to the local VA and the Army facility. The neighbor islands an other areas in the Pacific Basin are generally underserved due to the island nature of this State. Your committee should study this whole problem to determine what the adequate staffing should be.

Third, the competing needs of the VA versus Tripler Army Medical Center with regard to inpatient care—and by that I mean beds, staff, medical records—should be thoroughly evaluated by your committee to determine what the appropriate needs are. The question of whether to continue the use of Tripler, with or without additional space and/or staff, versus the use of a civilian facility should merit your consideration. There are those who would conside, as you mentioned earlier, construction of a new facility. If this facility follows the guidelines recognized by the VA, it would either be a 70- or 100-bed facility that would be relatively small, and would lack the secondary and tertiary diagnostic and therapeutic facilities that are needed. Therefore, the most feasible thing, it seems to us, and we've discussed this at some length, would be either an expansion of Tripler, either with military staffing or, preferably, with more VA civilian staffing, since the Tripler mission is quite limited and established by CONARC to meet the military mission and not the expanded VA mission.

While there is a current need for long-term care, both nursing and domiciliary, this will increase markedly in the next decade because of an increasing and aging population. At present, there are currently 13 contract beds for long-term care. The VA recognizes a projected need for 40 beds. If there are 60 beds scheduled at Tripler, whenever it comes on line, this is grossly underavailable in terms of the need. At the present time, we are trying to get, using the other elements of title 38, U.S. Code, a State veterans facility in the Hilo Hospital. We had the support of the State Department of Health, and we hope that this will be ongoing. We would ask the committee to study what these needs are in terms of the use of Unit E, which we understand was arbitrarily recommended for removal, not based upon medical necessity, but purely on the basis of funding. Further, we would ask the committee to study the use of other State Veterans' Homes, and to that end, we would draw your attention to the fact that the $12.50 per diem is grossly inadequate. At the present time, the Medicaid program is paying $113.00 a day for skilled nursing, $95.00 a day for intermediate care, and the VA is paying only $90.00 a day under contract, yet title 38 provides only $12.50 per diem. This is ridiculous. I was going to add something about transportation, but apparently you've solved that problem.

We certainly appreciate this unique opportunity to address you, Senator, and the rest of the committee. Thank you very much.

[The prepared statement of Dr. Sheedy appears on p. 93.]

Senator **Matsunaga**. Dr. Sheedy, I might point out that we have introduced a bill, S. 6 in the Senate, to increase by 17 percent the compensation for nurses.

Dr. **Sheedy**. That would be very welcome.

Senator **Matsunaga**. And now to all three of you—do you feel, even to the extent of knowing, that there is a broad consensus emerging among Hawaii veterans as to what should be done to meet the veterans' health-care needs here in Hawaii?

Dr. SHEEDY. We're facing an aging population. The average age of World War II veterans is 66, and about 3 years behind them are the Korean veterans, constituting 50 percent of the 110,000 that you're talking about. Ten years from now, based upon Medicaid experience, we'll have in this State 3,500 long-term care beds, either in operation or in planning. The average age of these residents are 85 years—one standard deviation goes from 75 to 95, and of course, there are some younger and older people. We're saying that within 10 years, we're going to have a very significant number of people. In 1977, the study by the Legislative Reference Bureau of this State demonstrated that there were 150 individuals currently in long-term or domiciliary care. That is going to increase substantially. We're saying that 60 beds at Unity, and 60 beds, if we can get them at Hilo Hospital; that's 120 beds, which is a drop in the bucket. Therefore, there has to be some plan for the future, and you cannot force all of these veterans to go on welfare, which is the only alternative at the present time.

I would like to say one other thing, that while acute care is fine, the fact is that most of these veterans do not require the same acture care that you get from a general hospital.

Senator MATSUNAGA. Well, I understand the problems that are being pointed out, but my question was: Do you feel that there is a general consensus about what should be done? Is it to develop E-Wing? Is it to develop a separate VA hospital unit? Or is it to, say, lease a wing of the Queen's or any other private hospital? That is my question.

Dr. SHEEDY. First, I think, you need additional psychiatric/psychological counseling on an outpatient basis. Second, you do need to address the problem of acute hospital care. Whether or not it's at Tripler with additional staffing, I doubt if the Army can provide that staffing within their military mission. If the VA can provide additional staffing and use Tripler, this would be the most economical. Another option would be to go to Queen's Medical Center, where there is unused capacity. This also would require additional staffing of fee for service. This would probably be expensive in relating to the use of Tripler. This, I believe, is a suitable subject for your committee to study in depth. I've already indicated at length the need for long-term care. Those three elements are the areas that I believe should be hit primarily.

Senator MATSUNAGA. Dr. Felix, do you have anything to say?

Dr. FELIX. Yes. There has been an expression of a great deal of dissatisfaction with the Tripler facility of late. We've heard stories of individuals who have literally been thrown out on the street. I will not amplify on that at this particular time, but the consensus has been that what we need is to state the separate Veterans' Administration health facility is going to be solely for their purpose, and will not be used whenever it's convenient for the staff and administration of Tripler Hospital. What we need is a separate facility, whether it be at Tripler or at Queen's or wherever, that's going to be exclusively for the use of veterans in this community. That's the consensus.

Senator MATSUNAGA. General Tagawa? Any comments?

General **Tagawa**. No, it's the same consensus, Senator. Both Dr. Felix and I experienced these concerns at a recent meeting of all the leadership of the veteran's organizations in Hawaii. We are unanimous and speak in one voice as we talk about this consensus.

Senator **Matsunaga**. What is your feeling about the adequacy of the services now being provided at Tripler? Very briefly.

General **Tagawa**. From what we've been able to understand from some of the veterans organizations, more specifically, the DAV, their members have experienced some difficulty in receiving services at Tripler. However, we can also say that we understand that there were cutbacks in their resources, to be able to allow Tripler to provide, as I mentioned in my earlier testimony, the intended services. So it is in this regard, with this catch-22 situation, that we are seeking, perhaps, that free-standing or other scenarios other than what we are now experiencing.

Senator **Matsunaga**. Are you familiar with the contingency plan of the military relative to the situation in the Philippines today?

General **Tagawa**. Somewhat, Senator. Not thoroughly.

Senator **Matsunaga**. Would that contingency plan impose a risk such as that which we should not venture into by developing the E-Wing, for example?

General **Tagawa**. Absolutely, sir, because, in essence, from what I understand, should that contingency occur, then any care that is directed to the veterans' community would certainly be compromised. And it's something that we do not feel is appropriate.

Senator **Matsunaga**. Any comments on that? Do you concur, Dr. Felix?

Dr. **Felix**. Yes. Once again, the veterans community speaks with one voice in this regard. One of our great concerns is related to the Post Traumatic Stress Disorder of Vietnam era veterans. That number nationally totals some 700,000. We have not identified the true number here in Hawaii. We are not even adequately addressing that community. There are so many concerns out there that are not being addressed, that until we get a separate facility for veterans that will not be compromised because of defense considerations, we will not be fulfilling our obligation to the veterans of this community.

Senator **Matsunaga**. Any questions, Congressman Akaka? Congresswoman? If not, I thank you all for your most informative testimony.

I want to note at this time, before the next panel is heading for the witness stand, and I call the next panel to the witness stand—the Veterans' Organizations Panel, consisting of Mr. William Kendall, the Commander of The American Legion; Mr. Albert Reed, the National Service Officer of AMVETS; Mr. Donald Worobe, Commander, Disabled American Veterans; Mr. Charles Turner, Commander, Military Order of the Purple Heart; and Mr. Frank Candilasa, Commander, Veterans of Foreign Wars. Now, while they are taking their places, I want to note that we have received testimony from State Representative Virginia Isbell and will be receiving a written statement, I am told, from State Senator Jimmy Wong. Their statements will appear in the hearing record as though presented in full. As for the press and those interested, I understand that copies of Representative Isbell's testimony are available at the desk. Thank you very much.

Congresswoman Saiki needs to go to another function, so we will proceed to listen first from Mr. Kendall, Commander of The American Legion.

[The prepared statements of Ms. Isbell and Mr. Wong appear on pp. 101 and 102.]

STATEMENT OF WILLIAM R. KENDALL, DEPARTMENT COMMANDER, THE AMERICAN LEGION, DEPARTMENT OF HAWAII

Mr. **Kendall**. Thank you. Mr. Chairman and committee members, my name is Bill Kendall, Department Commander, The American Legion, Department of Hawaii. We are very pleased to have been invited to express our views and positions on items concerning Hawaii veterans. We do thank you for your very encouraging opening remarks. We appreciate it.

Our national organization is on record as supporting full funding for veterans' programs as a national priority, second only to national defense. There must be no further reduction of acute care beds within the system. There should be a significant increase in long-term care beds to accommodate the expected influx of elderly veterans into the system. Here in Hawaii, we have a special geographical status. We have 102,000 to 110,000 veterans who must be served and a large number of transient types from the Pacific Basin and the Mainland. Hawaii is one of the very few States that does not have a VA administered medical/nursing facility. We need one, and we need it very badly.

Professional direction is required to properly determine how and through what means health-care service should be provided to Hawaii's veterans. The experts would be expected to pinpoint the critical areas of need, determine the caseloads projected to the year 2000, evaluate the unavailability of service and/or identify overlapping of services with much more credibility than the average layman.

We can, however, as laymen, apprise you of the desires and wants and hopes of our 3 million members. Really, very simply, it's "Provide the necessary health and medical care treatment to the veterans that you would expect if each veteran was a member of your immediate family."

The veteran, he or she, deserves the best possible medical/nursing care we can provide. We know that they have served their country and that we, as a Nation, have more than a moral obligation to assure that those requiring legitimate health or nursing care obtain it as a right, and not as a handout.

Specialized counseling for veterans also comes under the heading of "need for very professional assistance." On this line, I would interject a recent statement from the National Organization Bulletin, April 6, 1987, National Vietnam Veterans Readjustment Study. "The Veterans' Administration has awarded a contract to a well-known research organization to conduct a PTSD (Post Traumatic Stress Disorder) study, which is officially known as the National Vietnam Veterans Readjustment Study. During most of 1987, survey research interviewers will be calling on a scientifically-selected group of veterans throughout the Nation for the purpose of participating in the study. The in-depth interviews will provide and probe virtually every aspect of their lives, including their experiences before, during and after the war, the problems they have faced, the ways in which they have coped with these problems, and the quality of their lives today. Interviews will average up to 5 hours in length, and upon completion, the participating veterans will receive a monetary token of appreciation. The American Legion has long recognized the importance and the need for this kind of research, and encourages those Vietnam veterans who are selected to cooperate to the fullest extent possible, for the findings of a scientific study of this nature to be deemed valid, a high participation rate is absolutely necessary."

Our only other statement for the record is: Please take action now. It is later than we think, or later than we care to admit. Within the various organizations, there is an abundance of material, facts and figures—more than enough for a good, competent evaluation team to arrive at a realistic improvement program. The veterans of Hawaii stand ready to assist your committee. Use us. You have our kokua and our aloha. Mahalo.

Senator MATSUNAGA. Thank you very much. It's amazing—he did that all within 5 minutes! We'll listen now to Mr. Albert Reed, the National Service Officer of AMVETS.

STATEMENT OF ALBERT H. REED, NATIONAL SERVICE OFFICER, AMVETS

Mr. REED. Thank you, Mr. Chairman. I would like to thank you for giving me to opportunity to testify on behalf of the approximately 4,000 veterans I have assisted during the past 5 years in my capacity as an accredited National Service Officer for AMVETS. Due to the experience I've gained while working with these veterans, in processing their claims with the Veterans' Administration, and based on my own personal experiences in the health-care system in Hawaii I feel that I am qualified to make the following statement and recommendations.

The first item I'd like to discuss is the medical treatment received by the approximately 120,000 veterans in the Pacific Basin (Hawaii Guam, Samoa, and the various other island groups excluding the Philippines). The only facility for the medical care of these veterans is Tripler Army Medical Center, whose primary objective is the care and treatment of active duty military and their dependents. This is not to say that the personnel at Tripler do not try to give veterans the best care they are capable of, but they are not set up or equipped to handle the needs of the veteran population. Long waiting periods for appointments, nonavailability of bed space, lack of understanding of the nonmilitary personnel, are but a few of the problems faced by the veteran when trying to obtain treatment on a routine basis.

Emergency care is usually prompt and professional, but even here, the veteran runs into problems. For instance, when a veteran is sent to Tripler for admission via their emergency room, if their personnel feel that the veteran is not in obvious distress, they will not hospitalize the veteran, even though the Veterans' Administration medical staff had recommended the hospitalization based on their observance and diagnosis, which in effect means that the treatment a veteran has received from the Veterans' Administration medical staff is subject to scrutiny, misinterpretation, or misdiagnosis (i.e., the Veterans' Administration medical staff diagnose a veteran as suffering from PTSD, but when he is admitted to Tripler, he is diagnosed as a schizophrenic or suffering from alcohol abuse and is treated based on this diagnosis) by personnel who do not have the personal knowledge of the patient or his needs. In addition, with the problems Tripler Army Medical Center is currently experiencing with malpractice suits, losing or misplacing records and shortage of staff, the ability of Tripler Army Medical Center to provide adequate treatment for veterans is further suspect. Based on the aforementioned problem areas, I would like to make the following recommendations and respectfully request that they be considered in your discussion.

(1) The establishment of a VA Medical Center in Hawaii. The veteran population of the Pacific Basin alone justifies the establishment of this facility.

(2) In the event funds are not available for the establishment of the medical facility recommended, I recommend that the Veterans' Administration be authorized and adequate funds are allocated to establish a long-term treatment wing at one of the local medical facilities. The ancillary services that could be provided by one of the local hospitals would justify the expense incurred in the establishment of the Veterans' Treatment Center.

The second item I would like to discuss is the Vietnam veterans located on the outer islands. It is very difficult for these veterans to obtain readjustment counseling, in particular, treatment and therapy for PTSD. At present, it is a financial burden on the veteran who desires to receive treatment because there are not, in my opinion, adequate facilities for their treatment or counseling on the outer islands, and the veteran must pay for his transportation on Oahu, where the Center is already overworked, if he desires more professional treatment. Thus, many veterans are not receiving the treatment they deserve because of lack of funds. The following recommendations are made, Senator Matsunaga.

(1) A Readjustment Center be established on each island where the veteran population is substantial. Currently, the only VA Readjustment Center is on Oahu.

(2) Qualified personnel be assigned to counsel veterans at each Readjustment Center. Currently, veterans receive counseling and treatment through private rehabilitation services that have been contracted by the VA. These centers are usually staffed by nonveteran personnel who are not cognizant or understanding of the problems and needs of Vietnam veterans, and in particular, those suffering from PTSD. For example, it has been reported to me by veterans that the mental health professionals at Maui Memorial Hospital do not understand the significance of PTSD and feel uncomfortable in treating veterans who suffer from this problem.

(3) If the funds for the establishment of these Centers cannot be found, then more funds should be allocated to allay the travel expenses incurred by veterans coming to Oahu for treatment. These funds should also be used to defray the cost incurred by veterans

who travel to Oahu for any type of medical examination that is deemed necessary or desirable by the VA.

In closing, I would like to recommend that the VA Medical Center be considered for Hawaii. There are other States in the Union that have more than one Medical Center that have a much smaller veteran population than Hawaii, such as North Dakota.

In closing, thank you for your kokua in this matter, Senator Matsunaga, and members of this committee.

Senator **MATSUNAGA**. Thank you very much, Al. Let me assure you that your full statement will appear in the record as though presented in full. May we now hear from Mr. Worobe?

[The prepared statement of Mr. Reed appears on p. 106.]

STATEMENT OF DONALD J. WOROBE, DEPARTMENT COMMANDER, DISABLED AMERICAN VETERANS, DEPARTMENT OF HAWAII

Mr. **WOROBE**. Mr. Chairman and members of the committee, on behalf of the over 3,500 members of the Disabled American Veterans, Department of Hawaii, and its Ladies Auxiliary, may I say that it is indeed an honor and privilege to appear before you today. Also, I'm pleased that so many members of the VA's Central Office have joined us in the audience.

At this time, I want to state for the record that these comments are my comments and the comments of the DAV, Department of Hawaii, and do not reflect the views of the National Organization of Disabled American Veterans. Mr. Chairman, I have submitted my written statement; therefore, if there are no objections, I will revise and extend my remarks in order to save time.

Senator **MATSUNAGA**. Without objection, it is so ordered.

Mr. **WOROBE**. Thank you, sir. Hawaii has a veterans population of over 110,000 men and women. We have no Veterans' Hospital; we have one Outpatient Clinic located in Oahu, which is understaffed to meet our needs. States with fewer veterans can boast of having at least one major VA Hospital, and additional VA Outpatients Clinics. Using the Census of 1984, I have included a summary of some of these States as an attachment to my written statement. A large number of our veterans live on the neighbor islands. A significant number of these veterans are World War II vets who already have exceeded the age of 65, when statistics show their health needs rise. Also included in that population is a large number of our Vietnam era vets, who need specialized psychological counseling and support services. With no VA facility available on the neighbor islands, these veterans are being shortchanged on their treatment, due to the fact that they must travel a long distance to receive the treatment, and there is a lack of psychiatric providers residing and practicing on the neighbor islands and also in the Pacific Basin. To alleviate this situation, there must be created a traveling mental health team, mainly consultive in nature, which originates from the VA Outpatient Clinic in Honolulu. The team should make monthly visits to the neighbor islands, and at least quarterly visits to Guam and American Samoa.

Mr. Chairman, in the testimony before your committee on February 18, 1987, Mr. David W. Gorman, the Assistant National Legislative Director for Medical Affairs of the DAV, discussed the DAV's commitment towards assisting the Vietnam vets suffering psychological problems associated with their military service. The DAV funded "The Forgotten Warrior Project". That led to the DAV Vietnam Veterans' Outreach Program. That led to the VA creating the Vet Centers. The Vet Centers are a very vital program. The DAV strongly supports the concept that the VA must move forward to integrate these services into the mainstream of traditional and existing VA health-care facilities, which are VA Medical Centers. Hawaii doesn't have a VA Medical Center. Hawaii's vets are as eligible as veterans in any other States for the VA-provided health-care services. We have the same entitlement as other veterans, yet Hawaii has been historically overlooked by the VA for priority consideration in the construction of adequate health-care facilities and the expansion of services to our veterans living on the neighbor islands. Therefore, we need a medical facility in Hawaii. Our disabled veterans are the principal users of the inpatient care at Tripler, and we've already heard some of the stories about that today. You're aware of many of the complaints that have been addressed to your office. I will not dwell on them any longer because of time. But this history of service at Tripler has resulted in many of our vets being reluctant to accept treatment at that facility. These veterans now rely on private health insurance to obtain the inpatient care by other health-care providers. Existing VA rules governing health care demand that eligible and entitled veterans must be able to receive the highest quality of medical care, and therefore, the DAV urges construction of a VA facility in Hawaii. I have listed several options as attachment 2 to my written statement.

Our veterans, as I said before, are hitting the age of 65 and older. We also need nursing care facilities, as Dr. Sheedy explained earlier in his testimony.

Beneficiary travel: As of yesterday, beneficiary travel was cut, drastically cut, air travel totally eliminated. For Hawaii, this is devastating. We must have air travel reinstated and an exemption to the recent amendment to the DMS Rules and Regulations put into effect. There is no way our people living on the neighbor islands can get over here for the treatment they are entitled to receive. Now, some hardy souls, Senator, do make it by canoe, but these are not disabled veterans.

I see my time has run out, Senator. I have much more to say. I want to thank you very much for the opportunity to present the DAV's position, and we stand ready to answer any questions at any time.

[The prepared statement of Mr. Worobe appears on p. 111.]

Senator MATSUNAGA. Thank you, Don. And now, we'll be happy to hear from Mr. Charles Turner, Commander of the Military Order of the Purple Heart. Charles.

STATEMENT OF CHARLES H. TURNER, COMMANDER, MILITARY ORDER OF THE PURPLE HEART, RAINBOW CHAPTER 483

Mr. TURNER. Thank you, Mr. Chairman, members of the committee, I bring you greetings from your fellow members of the Military

Order of the Purple Heart. Senator, we thank you for the opportunity of presenting testimony regarding the access of Hawaii veterans to the Veterans' Administration health-care program.

My compatriots from other veterans' organizations have outlined the issues raised by your committee, and suffice it to say that the Military Order of the Purple Heart supports those objectives entirely. We hope to see these major targets become a reality.

(1) A Veterans' Administration Hospital in Hawaii to handle acute care patients.

(2) Readjustment counseling for Vietnam era veterans on the neighbor islands.

(3) Restoration of the beneficiary travel provisions, which Commander Worobe just mentioned.

(4) An increase in the outside care payments.

In addition to those four major goals, our organization is concerned about the impending closure of the National Memorial Cemetary of the Pacific to new burials. We have been informed that such burials will not be allowed within a year or two because there's no more space available. We have requested the State Legislature move quickly to establish a State cemetery system or at least make a land swap with a local cemetery so that a State Veterans' Cemetery can be opened on the island of Oahu. The Veterans' Administration says it will take 5 years to complete the necessary paperwork, get the appropriation and complete the cemetery. Time is of the essence here, Senator. Our membership includes many veterans of World War II, the Korean conflict, and Vietnam. Although it sounds trite, we are living on borrowed time.

Senator, you know that I've been a reporter and I've seen burials at Punchbowl for the past 35 years. I think it's a dream of almost every veteran here to be buried at Punchbowl or a similar cemetery. I have no doubt that when burials are halted at Punchbowl, the community will descend upon the politicians en masse and demand to know how Hawaii, with more than 110,000 veterans, could find itself without any alternate veterans' cemetery.

I pointed out to the 76 members of the Hawaii Legislature recently, in letters delivered to their offices, and to date I've received replies from about one dozen. One of the legislators who replied wanted more time to study the proposal. Now, I submit that that time has run out. I'm afraid if we wait any longer, with nations teetering on the brink of war almost every day, we won't have to fret about foot-dragging legislators. New cemeteries will have to be opened. God forbid we ever face that.

Thank you for your patience and your invitation.

[The prepared statement of Mr. Turner appears on p. 123.]

Senator MATSUNAGA. Thank you very much. And now, we'll be happy to hear from Mr. Frank Candilasa, the Commander of the Veterans of Foreign Wars of the United States.

STATEMENT OF FRANK A. CANDILASA, STATE COMMANDER, VETERANS OF FOREIGN WARS OF THE UNITED STATES, DEPARTMENT OF HAWAII

Mr. CANDILASA. Thank you, Senator Matsunaga. first of all, the Veterans of Foreign Wars of the United States, Department of

Hawaii, wants to thank you for your warm hospitality and strong support during our Winter Conference (February 27–March 3) in Washington, D.C.

Senator **Matsunaga**. You're most welcome.

Mr. **Candilasa**. Second, we wish to state for the record that Hawaii's veterans are certainly fortunate to have you in Washington, D.C. and serving on the U.S. Senate Committee on Veterans' Affairs. At our Washington conference, we learned from those who serve with you in the U.S. Senate how much they respect and admire you.

Senator **Matsunaga**. Thank you.

Mr. **Candilasa**. Today, I wish to confide in you some of the concerns of Hawaii's veterans on medical and health-care needs.

A report from the Office of Inspector General of the Veterans' Administration entitled "Audit of the VA Medical Care Programs in Alaska and Hawaii," dated April 16, 1986, indicated that Hawaii has a veterans population of 102,400. Alaska has 67,100. But amazingly, the dollars spent in fiscal year 1985 by the VA for medical care was $45.9 million in Alaska and $16.8 million in Hawaii. The point is: Hawaii has a larger veterans population, 102,400 to Alaska's 67,100, but there were fewer dollars speng for Hawaii's veterans, $16.8 million to Alaska's $45.9 million. Our Alaskan comrades deserve every bit of VA support. Of course, the report concluded that Alaska's VA medical care programs should be run like they are being run in Hawaii. Regretfully, the VA report did not assess the problems faced by Hawaii's veterans in trying to obtain the VA medical care program.

VA is required to provide medical care to Hawaii's veterans at a level consistent with the incidence of care provided by VA to veterans living in the 48 mainland States. Hawaii has a larger veterans population than Delaware, District of Columbia, North Dakota, South Dakota, Vermont, and Wyoming, but Hawaii has no VA Hospital. These States have 1 to 3 VA Hospitals. Although we look with envy at the medical service of the Va in these States, we do not condemn or criticize. We truly believe that our comrades in arms from these States deserve every bit and more of the medical services they are getting.

Our only request for Hawaii's veterans population is equity. We simply want to be treated equal to our comrades in the mainland States. Hawaii has sacrificed greatly in past wars (World War II, Korea, and Vietnam) and a grateful Nation should at least provide one VA Hospital in Hawaii.

Others have or will clarify the demographic characteristics of the aging veterans population of past wars in Hawaii. As veterans grow old, their health and medical care needs tend to grow. With age, their income is reduced and fixed. A VA Hospital, as well as a VA Nursing Home, will be sorely needed by the aging veterans population.

Where there is a will, there is a way. Senator Matsunaga, we respectfully request the U.S. Congress to look for the means to achieve these much-needed ends. With billions and billions being spent on armaments to defend our country, couldn't someone find a little bit to bring equity to Hawaii's veterans population? After all, many of these veterans used some of these armaments to defend our country when our country called upon them.

Armaments alone cannot defend a nation. It takes both humans and armaments. And humans who defended our country should be treated with both equity and dignity.

Thank you very much for allowing us to express our concerns. May God bless you, Spark Matsunaga.

Senator MATSUNAGA. Thank you very much, Frank. After listening to all of you, I am even more proud of my membership in the American Legion, AMVETS, the DAV, the Military Order of the Purple Heart, and VFW, believe you me. And I want you to know that. I belong to every one of your organizations, as you well know. Not because I'm a politician . . . but because I believe in your cause.

Now, what has been your personal experience, or the experience of members of your respective organizations, with care provided veterans through the Tripler Hospital or through Queen's Hospital or other hospitals in the islands? Would any of you care to give specific examples? What I'm going to do, you either give specific example now or submit such experiences for the record. I know Al already gave some, and I appreciate it, but if any of you others would . . . Donald?

Mr. WOROBE. Yes, sir. Senator, I can speak personally, which might be acceptable. Several years ago I was having a stroke, and we were patients at Tripler. I'm a retired Navy man; I'm a veteran. I called in. I was told by the triage individual, who was a Colonel doctor, after the explanation as to the diagnosis, well, I wasn't told, my wife was told, that did we expect a magic pill to cure this ailment, and they could set me an appointment in 2 weeks. I'm presently one of the people who I referred to who was forced to go to a private medical plan. I go to Tripler to visit patients now; I don't go to Tripler as a patient. I had a heart attack 2 years ago, I think it is, and the ambulance, I'm closer to Tripler, I went to Waikiki, and had my surgery. I had six bypasses, and I'm still back to work, working as a mailman. So, I consider the fact of treatment there sometimes a horror story.

Senator MATSUNAGA. Thank you. Yes, Frank?

Mr. CANDILASA. According to what I have here, specify example of treatment of Tripler good or bad, I can't hear you for I am deaf, so the comrades would have to write for me. I would like to say that treatment in Tripler, everybody's saying good things about the positive side of Tripler. But I, in June 1986, was treated as an emergency patient there at Tripler Army Hospital. I was on my way to the Veterans' Administration Clinic at the Kuhio Building. On the way down, I think I had a heart attack. I felt like I had a heart attack. So I went directly to Tripler, and at Tripler I went down there, and I sat there. When the girls says, "What's wrong?", I said, "I have a heart attack," She says, "Oh." They really worked on me right away. Then they said, "Are you a veteran, or are you a retiree, or what?" So right away, I wanted to see what they do with veterans. I said, "I am a veteran." She said, "Why didn't you go down to Kuhio Building, down at the Federal Building?" I said, "I can't reach it; I think I have a heart attack." So they haphazardly worked on me, and this is the God's truth. They worked on me haphazardly, hooked me up, took x rays and everything, and left me to sit there for about an hour. After an hour, I told my wife, I said, "What's going on here? So she called the aide man, and the aide man says, "are you all right?" I said, "I think I am!" I said, "Unhook me." I had the EKG and everything on me. Only one doctor had seen me, had blood samples taken from me, took the blood sample, lay it down, and until today, it may be still sitting in that corner! So, I cannot say that I'm having good treatment.

Senator MATSUNAGA. Anyone else?

Mr. REED. Senator Matsunaga, I'd like to relay a personal experience that I did not include in my testimony. I went up to Tripler as a retiree and then, in the last few months, I've also been to Tripler as a VAB to see how they treated veterans. I'll be truthful—as a retiree, it was a lot better. But the instance I would like to relay is when I was hospitalized there several years ago, I had surgery. After that surgery, I had to be placed in a sitz bath to soak the wounds and to keep from getting an infection. I advised them that as a spinal cord injury patient I couldn't sit for any length of time. Because of the staff shortage they left me on this sitz bath for an hour and a half, and I developed a decubitus ulcer. And my wife has always advised me, "Keep away from the hospital. You get worse coming out than when you go in." And I think she truly has a point, and that's why I've now tried to stay unhospitalized as much as possible.

Senator MATSUNAGA. Anyone else. If not, thank you very much. You've certainly made a good case for your members. Thank you very much.

And now, we will have a panel from the neighbor islands veterans' organizations consisting of Mr. Gerry Kindell, President of the Maui County Veterans' Council and the Vietnam Veterans of Maui; accompanied by Chris Zbiciak, Secretary of the Vietnam Veterans of Maui; and Mr. William Honjiyo, President of the Kauai Veterans' Council; and Mr. Herman Daldin, President of the Big Island Veterans' Association; and Mr. Thomas Hoey, Member of the County of Hawaii Veterans' Advisory Committee; and Mr. Clifton Une, Member of the Veterans of the Vietnam War, Hawaii Post No. 1.

We'll be happy to hear from you first, Mr. Kindell.

Mr. KINDELL. Thank you. Since I'm unable to speak at this time, I'm going to let Chris do the talking for the Veterans Council of Maui.

Senator MATSUNAGA. I would be happy to hear from you, Mr. Zbiciak.

STATEMENT OF CHRIS S. ZBICIAK, SECRETARY, VIETNAM VETERANS OF MAUI

Mr. ZBICIAK. Thank you, Senator. Mr. Chairman, honored members and attendees of this investigative committee: Aloha. I speak with you today not as a spokesman for all Maui veterans, but as a spokesman on behalf of and with the full endorsement of the Maui County Veterans Council, which consists of nine veteran organizations in the County of Maui.

It is important that you recognize that approximately 60 percent of Hawaii's veteran population of 110,000 people reside on Hawaii's neighbor islands. It is imperative that you take a very close look at our report, entitled "Needs and Recommendations for Veterans Services and Support to Hawaii State Neighbor Island Vietnam Veterans," a copy of which we have provided you.

[The report appears on p. 126.]

Mr. Zbiciak. Please also view the videotape of the award-winning news documentary by KGO-TV, a San Francisco affiliate, which provides an indepth look at our problems as seen through the lives of several neighbor-island Vietnam veterans.

Having lived with the significant hardships, frustrations, and losses which have resulted from years without adequate veteran service support on Hawaii's neighbor islands, it is painfully clear that the Veterans' Administration Office of the Inspector General has praised Honolulu's VA as a model of spending efficiency for far too long. It is likewise true that the VA here has for too long deferred too much of the responsibility for servicing neighbor island veterans to our State agencies. After enduring year after year of our VA's broken promises, bandaid measures and ongoing veteran suicides, we are extremely concerned at the lack of tangible neighbor island VA support. The following condensed list of veterans service recommendations represents our view of what is needed. Here is our 10-point list.

First of all, in our view, Hawaii is long overdue to have its own VA Hospital, with adequate facilities and staffing. This VA Hospital could significantly enhance the health-care services provided to our islands' veterans.

Number two, the VA needs to implement a specialized treatment center for veterans suffering from psychiatric disabilities such as Post Traumatic Stress Disorder. Currently, veterans are required to travel thousands of miles from their home to unfamiliar locations, isolated from the support of their family and friends. This is an extreme distance of travel not required of veterans from any other State in the Union.

Third, the VA must be supplemented with a traveling team of medical, mental health, and other VA specialists which will extend their service specialties to Hawaii's neighbor island veterans in an environment that is beneficial to the veteran.

Please recognize, the VA needs to staff a full-time Veterans Service Officer on at least two of Hawaii's neighbor islands, Maui and the Big Island of Hawaii, rather than part-time State welfare employees or rotating Veterans Service Officers. A full-time VA employee in this position could play a most important and pivotal role in the coordination and provision of all neighbor island veterans' services.

Fifth, more moneys need to be allocated to the VA for travel expenses so that VA personnel can more adequately outreach into our neighbor island communities

Sixth, VA officials neet to meet with neighbor island medical providers and pharmacists to resolve the problems where these providers still refuse to honor VA outpatient cards.

Seventh, VA psychiatric staff must increase its efforts to network, train and contract with qualified State and local psychiatrists for the treatment of veterans' psychiatric disabilities.

Eighth, we sincerely request your attention to the congressional funding for Operation Outreach, the readjustment counseling program for Vietnam veterans. This program must be extended beyond the September of 1988 deadline. Present-day efforts by the VA to phase these Vet Center operations into VA medical facilities are clearly inappropriate, primarily because a large percentage of veterans requiring these services will not access them at VA facilities.

Ninth, we prevail upon you the need to identify and perform the required certification inspection of neighbor island inpatient and outpatient chemical dependency facilities, so that these providers can administer these services locally. Treatment for alcohol and drug dependency on Maui is currently nonexistent for veterans.

Tenth, and finally, veterans' employment training programs need to be funded and promoted by Hawaii's VA officials. Although these programs have sounded good on paper, they have done little to help our veterans find jobs, especially in light of recent reports that there are no funds available.

This list of veterans' service recommendations contains nothing new. The eyes of our State, indeed, the eyes of our Nation, are upon you. Our young men in the Armed Forces today and the soldiers of tomorrow may again be called upon by our Commander-in-Chief to serve and defend America and the American principle of freedom and democracy throughout the world. When they return from their service, may they be greeted with open arms, respect, dignity, and the readjustment and rehabilitation services they have earned. On behalf of Maui County's Veterans Affairs Council, I thank you for this opportunity.

Senator MATSUNAGA. We shall be happy now to hear ~~from Bill~~ Honjiyo. (By heavens, you're beginning to look more like your dad every time I look at you.) Bill, we'll be happy to hear from you.

STATEMENT OF WILLIAM T. HONJIYO, CHAIRMAN, KAUAI VETERAN'S COUNCIL

Mr. HONJIYO. Senator Matsunaga, members of the Veterans' Affairs Committee. I am Lt. Col. (Retired) WIlliam T. Honjiyo, U.S. Army Infantry from 1959 through 1979. At present, I am the Chairman of the Kauai Veteran's Council, consisting of eleven different veterans' organizations. They are the DAV Kauai Chapter 5; American Legion Post 51; Military Intelligence Club; the 442nd Veterans Club; The American Legion Kauai Post 2; The American Legion Kauai Auxiliary; the Meritorious Order of the Purple Heart; Club 100; VFW Post 3855; the Kauai Veterans Club; and the Kauai Viet Nam Era Veterans Association.

The testimony I'm about to present to you today has been written with input from the 11 organizations as previously mentioned, the three existing hospitals of Kauai, both private and State owned, Vietnam veterans counselors and my personal observations and concerns.

I would like to state for the record that the island of Kauai with a population of approximately 47,000 has more than 5,000 bona fide veterans on it. Of these 5,000 veterans, approximately 1,500 are on the disabled list, of which approximately 950 are World War II veterans. Although the numbers presented do not seem alarming, it should be noted, however, there is an upward trend on Kauai in the growth of the veteran population, especially in the World War II and the Vietnam veterans categories. The expanding economy in the tourist industry and the influx of retirees to the warmer climate were attributable to the increases. From 1979 through 1986, there was an approximate increase of 20 percent in Vietnam veterans on Kauai, and a 7 percent increase in the World War II category. In the future, I feel there will be a significant increase. Looking at the Maui statistics, the increase is phenomenal. Over a 6-year period, there was a 50 percent increase in Vietnam veterans and a 17 percent increase in World War II veterans. Maui, as most people know, is about 7 years ahead of Kauai. Therefore, Kauai's trend is predictable.

The facts are, the expanding economy on the island of Kauai has been attracting the upward and socially mobile population of which the Vietnam veterans' era group falls smack into. The other fact is our aging population, of which World War II veterans fall into are migrating to warmer climates such as Florida, Texas, and Hawaii. The American Medical Association has recongized that the health services for the aging will be an increasing problem.

I would like to quote Mr. John English, Administrator of Samuel Mahelona Memorial Hospital. "In our long-term care services (SNF/ICF), we have 61 beds and 6 beds for in our Acute/ICF (Swing) services. Usually our beds are filled to capacity with people wait-listed. This is an area of concern especially with the fact that our State has one of the most rapidly aging population (including veterans) in the Nation and one of the best longevity records in the world. The caring of the aging with suitable facilities must be considered now to insure facilities will be available in the future." As stated, the World War II veterans are emerging into the category where they would be needing long-term care. At Samuel Mahelona Memorial Hospital, only two veterans were admitted in 1986 for long-term care, but more are expected to be admitted this year and the years to come.

As for the Vietnam veteran, his numbers on the island is increasing. If the trend holds the same for the next 5 years, we can anticipate an increase of 50 percent in our Vietnam veterans. His health-care needs vary from physical disabilities to psychiatric services. At Samuel Mahelona Memorial Hospital, during the period July 1, 1985 to June 30, 1986, 49 veterans were admitted, of which the majority were Vietnam vets. Of this number, 21 were treated for drug addiction and/or alcoholism. The remainder, 28, were treated for mental illness. As Dr. Darrel Matthews, a psychiatrist, has stated, he has seen an increase in the number of Vietnam patients. He has stated the reason for this has been the acceptance by the general public of the Vietnam veterans and the healing period that ensued since the erection of the Vietnam Memorial Wall. He predicts that there will be more Vietnam vets coming forth to seek psychiatric help.

Therefore, I would like to recommend the following health care for the veterans of Kauai.

(1) Provide for Veterans Care Homes for the aging veterans. As a minimum, I recommend strongly that Tripler Army Medical Center consider constructing a 150-200 bed long-term (SNF/ICF) facility adjacent to their acute services.

(2) Provide funds to build a Veterans Hospital for the State.

(3) Include the Hospice Program as an available service to the terminally ill in the Veterans' Administration's benefits.

(4) Monitor and extend services for the Agent Orange Program.

(5) Provide additional funds for readjustment counseling services. Extend funds for a Vietnam Veterans Center on Kauai. Maximize by using qualified clergies as counselors.

In conclusion, Senator, I would like to state that the veteran population in Hawaii is increasing, and the demand for medical services will be on the incline. And if there is such a thing as a national obligation to those who served when their country called, then as responsible politicians, your committee should adhere to their needs and adopt the recommendation as presented. Thank you.

Senator **Matsunaga**. We'll be happy to hear now from Mr. Daldin, President of the Big Island Veterans' Association.

STATEMENT OF HERMAN J. DALDIN, PRESIDENT, BIG ISLAND VETERANS ASSOCIATION

Mr. **Daldin**. Thank you, Senator. I was invited here to represent the Big Island Veterans Association, but it's not in that capacity where I hear all of the complaints from the veterans. As Assistant Inspector General, I've inspected all of the VFW Posts on these islands. And every time I go to inspect these posts, I hear the complaints from the veterans as to the way they are being treated. It is a shame and a disgrace.

I'm going to take the liberty to speak on behalf of all veterans of the United States of America. I trust that you all realize, above all else, that the veterans are not asking for any special favors. They want to be treated equal to any other citizen of this great country that they defended with their very life.

If a nonveteran can walk into a doctor's office or a hospital or a medical facility and get the necessary care, with no hassle, why then cannot a veteran do the same thing? That's the question.

Our country has the men and women capable of creating and implementing such a system. All you need do is put them to work. A system can be implemented that will give all veterans access to good medical care equal to that now provided to nonveterans, and without a lot of hassle and expensive travel. Without a lot of time and rhetoric. It will be a sad commentary if, after thousands of words are spoken here, we come up with no change.

Now, when I talk about putting to work some young people, I remember that some years ago, young Henry Ford was faced with the death of his father, and he had a big organization to run and was not capable of doing it himself. He went out and hired five, what they then called quiz kids, five brilliant young men—I repeat, young men, who came in and ran that organization and put it in the black. Why can't our politicians say to themselves, "We have been trying for 10 years and we have not succeeded. Let's get some young people, men and women, to make this thing work. Put it together and make it work."

I could stand here for hours and repeat to you pathetic treatments received by veterans in need of medical care. That would do no good. What will do some good is your resolve to get the job done now. This is a very serious business, and must be treated as such. We would better serve the veterans today if we stopped this rhetoric right now and go to work on a plan that will do the job. Veterans Hospitals alone are not going to be the answer. The answer is, "Equal Medical Care for All Citizens, All Citizens, Now." And let me tell you something, it can be done. That was our motto in high school—"It can be done." And if you were in my place and heard the stories of women, wives of veterans, crying for help, husbands threatening to kill the family because of stress and mental disorders—if you could only hear them and listen to them, and then go back to Washington, you would get something done. But this is all hearsay. This would all be thrown out of a legal court. It's hearsay. Why couldn't we hold these meetings in the neighbor islands and let the poor fellows tell you themselves, and let their wives come down and tell you themselves?

Thank you, Senator.

Senator **MATSUNAGA**. We'll be happy to hear now from Mr. Une of the Veterans of the Vietnam War, Hawaii Post No. 1. Mr. Une.

STATEMENT OF CLIFTON S. UNE, MEMBER, VETERANS OF THE VIETNAM WAR, HAWAII POST NO. 1

Mr. **UNE**. Thank you. Senator Matsunaga, distinguished guests, brother veterans, ladies and gentlemen. I thank you for your concerns about our care and welfare. It's a nice feeling knowing someone else cares. Although I'm not as good a speaker as those who preceded me. I will do my best to present my testimony to the best of my ability.

I am an ex-Vietnam veteran. I have a 50 percent VA disability rating for injuries received as a result of an enemy explosive device. A below-knee amputation was one of my injuries I received on September 4, 1969. I still suffer from these injuries, especially with my amputation. And now, after 17 years of my injury, I am being treated for PTSD, Post Traumatic Stress Disorder.

I'm representing the Veterans of the Vietnam War, Post No. 1, their families, and other brother veterans on the Big Island of Hawaii. I hope this testimony, combined with others testifying today, will be helpful to all concerned. Being "outer-island vets," we don't have the accessibilities and conveniences, like our brothers here on Oahu, to medical facilities and we lack the person-to-person consultations which is so important to us. Contacts with the VA facility, Tripler or the Vet Center are done by phone or form letter. We can't establish a personal working relationship with conselors and medical representatives. Answers are usually impersonal and demanding. Hostilities begin to grow among outer-island veterans because they feel they lack the adequate services from the VA here on Oahu.

Questions are being raised by members and other veterans about the quality of outer-island health and support services, and readjustment counseling programs. These are the following:

(a) Why does it take so long to have outer-island problems investigated?

(b) Is it possible for outer-island veterans to have a VA Vet Center and Veterans' Administration personnel make a 1 to 1 contact with veterans and counseling services on a scheduled basis to ensure the veterans are helped according to their needs?

(c) Why are vets treated so negatively, like second-class patients, in Tripler? Active military are priority according to Tripler personnel. All patients should be treated equally.

(d) What about vet jobs, their families, stress, anxieties caused, lack of knowledge of Oahu's transportation system, hospital procedures, when the veterans are required to be hospitalized here? The unnecessary aggravation for the injury during transit from the outer islands to Tripler. The pain, the anxiety, the stress, should be considered, especially for those on the outer islands, and especially for amputees, or people who are confined to wheelchairs or crutches. All this should be taken into consideration.

We would like to see if there can be arrangements made with hospitals on islands that veterans reside in. Costs may be reduced, recouperation can be done at home followup treatment done on outpatient basis.

These are just a few of the questions we outer-island veterans share. Hopefully, answers will be made available to us in the very near future. Again, thank you from my brothers and their families, myself and my family. I hope all this time and effort that have been put into this hearing process will bring realistic results to the outer-island vets and all concerned. I thank you.

Senator MATSUNAGA. We will now hear from Mr. Hoey, Member of the County of Hawaii Veterans' Advisory Committee.

STATEMENT OF THOMAS J. HOEY, VETERANS ADVISORY COMMITTEE, COUNTY OF HAWAII

Mr. HOEY. Thank you, Senator Matsunaga. Good morning. Honored guests, ladies and gentlemen. My written testimony will speak for itself, so I won't bother going over that again. I do have a few things that are my own personal opinions.

My name is Tom Hoey, and I'm a like member of the DAV. I was medically retired from the Marine Corps due to wounds incurred in combat in Vietnam in 1967. I have a 50 percent disability rating from the Veterans' Administration. I am a Caucasian. I have resided in Hawaii since February 1972. I have been a landowner and resident of Hawaii County since 1976. I have a wife and a 15-month-old daughter. I'm not just passing through; I plan to stay in Hawaii.

For 17 years, I did not want to admit I was a veteran. I buried all my anger, my guilt and grief within me. It cost me countless sleepless nights, two marriages, and a lot of jobs. I can no longer deny my or my fellow neighbor island veterans' problems. It seems we cannot depend on the VA to help us. In front of me here I have a piece of paper that I received from the Veterans' Administration, actually from Patrick Pavao in Hilo. I'll quote it; it's the Veterans' Administration mission and goals: "The mission of the Veterans' Administration is to serve America's veterans and their families with dignity and compassion, and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation . . ." There's a lot more, but time will not permit. I'd like the VA people to read that once in a while.

We've learned through our experience that if we veterans need help, and God knows we do, we have to make it happen ourselves. This is indeed sad but very true. My hat's off to the Maui vets and to the people who made enough noise so that the squeaky wheel will get oil. And here you sit, to oil the squeaky wheel. We, the vets of the Big Island, are not as well organized as the Maui vets, but we're getting better. The county of Hawaii comprises more than two-thirds of the State's land mass. Our island is bigger than the State of Delaware or Rhode Island, and as large as the State of Connecticut. I believe that there are many more veterans on the Big Island than the VA has estimated. They estimate 3,800 to 4,200 Vietnam era vets, and 10,000 vets overall. We call ourselves "bush bunnies" on the Big Island, and there's lots of room for us to hide. How does the VA count vets in hiding? The DEROS System, the Date of Expected Return from Overseas, sent us to Vietnam piecemeal, and sent us home the same way, some in bigger pieces than others. We went as solitary individuals, and had no continuity with those who preceded us or followed us. For 17 years, I felt I was the only Vietnam vet who was going crazy because of my experiences over there. I finally found some help, and my biggest relief was to discover that I was not the only Vietnam vet who thought he was crazy. I may still be crazy, but now at least I know I'm not alone. There are thousands of us.

I also know that there is help out there, but it is presently not available to us on the neighbor islands. When you asked us to serve, you called us from all over the United States. We also came from places like Hilo, Kona, Honokaa, Waimaea, Hawaii, Kurtistown, Volcano, Wailuku, Paiea, Lehue—the list goes on. Now it seems you're only willing or able to help some of us, those who live on Oahu. Even that help is limited by inadequate facilities and staffing there.

Now, about that oil can. In the last 8 days, I've attended meetings with Mr. Gregory Montoya, who's the VA Western Region Vet Center Representative. I saw him in Hilo, and I saw Mr. Jon Steinberg in Maui, where I traveled at my own expense. Both these people made it clear to me that there isn't much that can be done due to the existing resources. I feel I'm hearing the results of this hearing before it ever happened. Are these people here to oil the squeaking wheel? Does it take another vet committing suicide on the Big Island to get your attention? This has happened too often on Maui. I'm here to get your attention before this happens again on any neighbor island. Any corpsman will tell you you can't fix a sucking chest wound with a band-aid. Giving the Honolulu Vet Center one more slot, or one more person, will not, in any way, serve the problems the neighbor islands now experience. Indeed, it is additional help, and I don't want to imply we don't need the additional resource. But it comes off as a band-aid. Indeed, it's a "rob

Peter to pay Paul" solution, as some other Vet Center will have to give up a person or slot so that we may get another position here. Ask yourselves, "How effective will one more person be in dealing with four neighbor islands on a here-today, gone-tomorrow basis?" We need permanent personnel and facilities to deal with the ongoing problems that exist on each of the neighbor islands. Crisis situations don't happen by appointment or schedule. Followup readjustment counseling won't work if applied only 1 week out of a month. What about substance abuse, emergency medical, incarcerated vets (that's vets in jail), vets with prosthesis, vets who need jobs, Agent Orange testing?

Why has the VA passed on its responsibility as our principal advocate to the Hawaii State Department of Housing and Social Services? The vets of the Big Island are indeed lucky to have Pat Pavao, a vet himself, as our DSSH Vet Representative. Maui presently doesn't even have that.

I don't expect miracles. I'm aware of the problems involved in obtaining sufficient funding and resources to address these problems. I wonder it I'm accomplishing anything by being here. On the other hand, I can no longer wait for someone else to do this for us, and I don't want to wait for another suicide. I've done this job, addressing this hearing, as best I could. Now it's time for you people to start doing your job, resolving these tragic problems. Thank you for hearing me.

[The prepared statement of Mr. Hoey appears on p. 159.]

Senator MATSUNAGA. I thank you for your most thought-provoking remarks, each and every one of you, and I do join you in hoping that this will not be just another palliative among veterans and government officials, that action will be taken. The mere fact that the U.S. Veterans' Affairs Committee is holding hearings in Hawaii for the first time in its history, I think, is some indication of the interest now being taken in Congress. Let me assure you that, insofar as I'm concerned, this is the beginning of action to be taken. I'm sure Congressman Akaka feels the same, and you ought to know that here, in the audience, we have VA officials, as well as Defense Department officials, as well as congressional liaison officials. Congressional liaison between the Departments of the Veterans' Administration and the Congress. So that, I think, some action will be taken, and this is the first time, I believe, that we have, at a hearing, the presence of a congressional liaison officer, and I'll prsent him at a later time, but he served with me in the House of Representatives, and, as a matter of fact, we were elected to the 88th Congress together.

Well, I, of course, stressed in my opening statement that one of our big concerns is the providing of quality care for veterans on the neighbor islands, particularly with reference to readjustment counseling service, and there are two general solutions which have been offered here today, and in my communications with the individual veterans, as well as with members of the various veterans organizations. And that is: (1) to establish a permanent VA (that is, Veterans' Administration) presence in each of the neighbor islands; or (2) to send out on a regular basis teams of traveling Vet Center staff. Now, I would like each of you to comment on your preference on the two of these alternatives, or if you have any other third or fourth alternative, then I'd be happy to hear. We'll start with Chris, if you wish.

Mr. **Zbiciak**. Senator, we feel we need both capabilities. We feel we need an island presence of the VA; we need a Vet Center or a satellite program of the Vet Center in place in Maui County. We also feel we need a traveling team of VA experts to take care of the long-term medical needs and psychological needs of our county veterans. A veterans Center could not address with the degree of authority or education the problems as they have presented themselves, although they would make an outstanding auxiliary service for us.

Senator **Matsunaga**. And I take it, Gerry, that Chris speaks for you, too?

Mr. **Kindell**. Right.

Senator **Matsunaga**. What about Bill? Do you have any comments?

Mr. **Honjiyo**. I concure with what has been stated about the two options. On Kauai, we feel that the Vietnam veteran population will be increasing, and we've had Father Jan, who is a minister working with the VA, doing most of the counseling on Kauai. Speaking with the psychiatrist as I quoted here, he feels that demand for mental health services of the Vietnam veteran will be increasing; therefore, I mimic his comments that we need both of them. Thank you.

Senator **Matsunaga**. And Herman, do you have anything to add?

Mr. **Daldin**. Just this, Senator. I might advise you that time, time is of the essence. The sooner you get things going, the better they will like you and the more they will thank you. And the better assurance you will have that they will shake your hands and thank you rather than criticize the Veterans' Administration. So, I think time is of the essence. Please, please.

Senator **Matsunaga**. Thank you. How about you, Cliff? Do you have anything to add?

Mr. **Une**. Nothing new, except I agree with what everyone here said. The veterans needs are increasing and time is a factor, especially the mental health portion for the Vietnam vets.

Senator **Matsunaga**. Tom, you have already spoken your piece on this, and I appreciate it. As a matter of fact, my question was prompted by your testimony.

Mr. **Hoey**. Thank you, Senator. I have one thing I would like to say.

Senator **Matsunaga**. Go ahead.

Mr. **Hoey**. I'd like to acknowledge the work that has been done so far by the Honolulu Vet Center and their staff, because they have been most helpful in their limited capacity in giving us, the veterans on the Big Island, the support that we've been asking for. Unfortunately, their hands are also tied.

Senator **Matsunaga**. I want to assure you, especially since the Maui veterans were so instrumental in getting me to come out here to hold these hearings, that I'll be asking the Veterans' Administration to provide, in writing, in detail, their views on the thoughtful recommendations that you have made here today. I thank you, each and every one of you, for coming to Honolulu.

We will now take a break until 2 o'clock, at which time the next panel will be the University of Hawaii panel, consisting of Dr. Goodman, Dr. Wellington, and Dr. Yuen, after which we will listen to the State Veterans' Officials panel, consisting of Mrs. Rubin, accompanied by Milton Lau, Pat Pavao, and Manny Corregedore. Also included in the panel will be Mr. Kamaki Kanahele. And then we'll hear from the State Health Officials, then the Private Health Care Providers, and then finally, the Federal officials.

So, until 2 o'clock then, the committee stands in recess.

AFTERNOON SESSION

Senator MATSUNAGA. The committee will come to order. Our next panel of witnesses will consist of Dr. Madeleine Goodman, Acting Vice President of Academic Affairs of the University of Hawaii; Dr. John Wellington, Associate Dean, School of Medicine over at the University of Hawaii; and Dr. Paul Yuen, Dean of the College of Engineering. I don't see him . . .

Dr. ADJOUADI. I will be in his place.

Senator MATSUNAGA. Oh, your name?

Dr. ADJOUADI. Malek Adjouadi.

Senator MATSUNAGA. We'd be happy to hear from you, Dr. Goodman.

STATEMENT OF DR. MADELEINE GOODMAN, ASSISTANT VICE PRESIDENT, ACADEMIC AFFAIRS, UNIVERSITY OF HAWAII, ON BEHALF OF DR. ANTHONY MARSELLA, VICE PRESIDENT, ACADEMIC AFFAIRS

Dr. GOODMAN. Thank you very much, Senator Matsunaga. Ladies and Gentlemen. I'm Madeleine Goodman, the Assistant Vice President for Academic Affairs of the University of Hawaii, and I will be presenting testimony on behalf of the university. Vice President Marsella, who would have been here, is away from the island at this time.

This testimony will focus on three points. (1) The general use of health care for Hawaii's veterans; (2) the university's interest and affiliation with the Veterans' Administration; and (3) the extraordinary research opportunities for the VA which exist here in Hawaii.

We in Academic Affairs at the University of Hawaii have long been aware that veterans in Hawaii are underserved in comparison to veterans of other jurisdictions. As you know, the VA spends far less per capita to provide health care in Hawaii than in Puerto Rico, the only other island jurisdiction, or in Alaska, the only other noncontiguous State. This is reflected in shortcomings in both the comprehensiveness and the continuity of care provided by the VA, as well as by its severely limited resources for teaching and research. In view of your own service, I do not need to tell you, Mr. Chairman, that Hawaii's veterans have served our country with great distinction and have answered to call of duty with exemplary readiness. This certainly entitles them to care equal to that of their mainland counterparts. However, every evidence is that this is not the case. The cultural background of many of our State's population may not have disposed our veterans until now to make loud demands that their needs be met. In addition, because the VA Central Office is some 6,000 miles away, it is realistically difficult for senior VA officials to be attuned to our needs. These facts have militated against a vigorous and comprehensive response to the needs of Hawaii's veterans.

However, as our veteran population ages, and as their needs increase, we believe that it is important that the VA greatly increase its attention and commitment to providing appropriate care in Hawaii. Mr. Chairman, we believe that time has come for the VA to establish a VA Medical Center in Hawaii to comprise and Acute Care Hospital and a Long-Term Care Center. If not a Medical Center, per se, at least a cohesive, physically integrated system of health care. We believe that it would likely be a mistake to split off components of that system as they are now. For example, to have an outpatient clinic in one place and a long-term care center in another, while an acute facility is placed yet somewhere else. This is likely to engender significant difficulty.

Such a VA action would have the following virtures:

(1) It would establish a comprehensive VA system of care capable of ensuring comprehensiveness and continuity of care.

(2) It would provide sufficient resources to permit the VA to create major research centers to guide the provision and adaptation of health care to our unique veteran population, and to assist in adapting and developing health-care techniques appropriate to our State's needs.

(3) It would provide a base for cooperative efforts between the VA and the University of Hawaii to train health-care providers who can serve our State's veterans.

In summary, a VA Medical Center closely affiliated to the University of Hawaii would upgrade the VA activities in our State to be on a par with the national standard.

To turn to the University of Hawaii's affiliation process with the VA, the University of Hawaii is eager to step up its level of cooperative activity with the VA. We clearly concentrate in our faculty enormous expertise about our people's health status, their mental health, and their aging. We are willing to share this expertise and associated skills with the VA. We are also willing to move together to develop additional expertise to aid our veterans. We foresee, for example, greatly stepped up joint recruitment of clinical researchers, a sharing of resources to enable mounting major research initiatives which address shared concerns, and providing expertise in health services delivery and in other areas to the VA. I wish to say, with more than a little pleasure, that despite severely restricted VA resources, our people, the VA and the University of Hawaii, have already established significant beachheads of cooperation which would form a firm foundation on which to build. These efforts have included, among others, the School of Medicine, the School of Public Health, the College of Engineering, the School of Nursing, and the Division of Social Sciences.

The VA has a distinguished research record. In Hawaii, unfortunately, the restricted number of clinician researchers, because only an outpatient clinic exists, has limited the growth of research. This is regrettable because there are major opportunities for VA research. It is likely, however, that for research to flourish here, the VA will have to commit itself to establishing a critical mass of researchers all at once because of the past lack of a hospital. One way to achieve this is to establish Research Centers. We believe three such Centers should be established to enable the VA to be responsive to Hawaii's special problems.

(1) A Geriatric Research Center. To be modeled after the VA's successful Geriatric Research, Education, and Clinical Centers. Such a Center should have as its focus a comparative approach to Geriatrics. It might well be tasked with mounting a major cross-cultural study of dementia, as well as significant efforts on the cross-cultural psychology of aging. A major resource to this Center could be the cohort studied in the Honolulu Heart Study. This cohort comprises 6,000 longitudinally studied veterans. This Center could provide significant expertise and support of the VA's long-term care efforts.

(2) A Comparative Mental Health Center. To address cultural variations and psychological and psychiatric disorders. This Center should address the special problems of Hawaii's veterans with stress disorders as a special focus. In addition, it should direct special attention to two other areas: alcoholism among veterans with a cross-cultural focus, and also the impact of psychological variables on physical health status.

(3) Finally, there is considerable interest in our College of Engineering and within the Pacific International Center for High Technology (PICHTR), which has met with some early success, to develop a Center for Rehabilitation Engineering Research. In this area, too, we feel the time is right for greatly increased cooperative efforts. We believe that there are two foci that should be developed: (a) an "appropriate technology" appproach to rehabilitation engineering which might be specifically suited to the needs of rural contexts; and (b) an equally challenging task of developing artificial intelligence based rehabilitation devices.

In closing, Mr. Chairman, we believe that, as in other VA jurisidictions, excellence in veterans' health care in Hawaii will come about when the VA invests the substantial additional resources which are needed, and when it enters into a partnership with the University of Hawaii in the service of our veterans. Nearly a quarter of our people are veterans or related to veterans. As such, the contributions of the VA to veteran care in Hawaii will be a major contribution to our State's health care in general. This is why the university is committed to the partnership I have outlined. Thank you very much.

Senator MATSUNAGA. Thank you very much. We'll be happy to hear from you now, Dr. Wellington.

STATEMENT OF DR. JOHN WELLINGTON, ASSOCIATE DEAN, JOHN A. BURNS SCHOOL OF MEDICINE, UNIVERSITY OF HAWAII

Dr. WELLINGTON. Senator Matsunaga, I'm Dr. John Wellington, Associate Dean of the John A. Burns School of Medicine, and I appear today because the Dean, Dr. Rogers, is out of the country.

Our testimony is perhaps unusual because we choose not to enter further opinions, data, projections, and budgets. We prefer to appeal to you, Mr. Chairman, as a Senator, a combat veteran, a humanist and a scholar.

The great tides of human progress in our country have sprung from noble words that come from great hearts, and are as familiar to us as our own names. "Freedom from want", "Ask not what your country can do for you", "I have a dream". Today, we'd like to remind ourselves of the great phrase in President Lincoln's Second Inaugural Address, ". . . to care for him who shall have borne the battle . . .". There are those who know what a battle is, and those who don't.

We feel that the whole matter of the care of those in Hawaii who have borne the battle has been lost in the maze of technicalities usually relating to money and buck-passing. We do not wish to single out those industrial civil servants who are responsible for administering the Veterans' Administration's regulations and policies, but Lincoln's great phrase sometimes seems but a ghostly echo.

For example, we have had the opportunity to review "An Audit of Proposed VA Construction Project to Remodel E-Wing of Tripler Army Medical Center" by the Office of the Inspector General of the VA. We would re-emphasize that we do not wish now to argue the accuracy of the document or the validity of its conclusions. We would, however, draw your attention to a tone of peevishness that there are, somehow, not enough veterans in Hawaii to permit the provision of the kind of care veterans receive elsewhere in our country. There is even a hint that, with better planning, there would be more of us and we would not be so far from other VA facilities.

There was no cost accounting before the assault on Monte Cassino; there was no head counting in the South of France. The young men of Hawaii gave and gave. The same was true at Inchon and the Reservoir. We would also note that those of us who served in World War II have the feeling that, in addition to the love and support of our own families, the whole country was proud and grateful. Our younger comrades in Vietnam fought a different war, themselves without confidence in the leadership or the mission, and scanty public support. Our country has a debt to them, and yet their medical care is subjected to the same parsimonious cost accounting attitudes that we ask your support in eliminating.

Mr. Chairman, we ask that you use your enormous influence in this area to generate the political will for the VA to realize it must meet the needs of Hawaii's veterans with a real VA Hospital, and let's waste no more time in dreaming up patchwork solutions that meet all the official bed count formulae but forget the care of him who shall have borne the battle.

Thank you.

Senator **Matsunaga**. We shall be happy to hear from you now, Mr. Adjouadi, for Dean Yuen.

STATEMENT OF DR. MALEK ADJOUADI, FACULTY MEMBER, COLLEGE OF ENGINEERING, UNIVERSITY OF HAWAII, ON BEHALF OF DR. PAUL C. YUEN, DEAN, COLLEGE OF ENGINEERING

Dr. **Adjouadi**. Mr. Chairman, honored guests, it is truly an honor to be here. My name is Malek Adjouadi. I'm a faculty member with the Electrical Engineering Department, and I'm representing Dean Yuen, who happens to be the Dean of the College of Engineering at the University of Hawaii and the Acting President of the Pacific International Center for High Technology Research, or PICHTR in short.

I'm here to tell you that sincere efforts are being made by the Veterans' Administration, PICHTR, and the College of Engineering to establish a Center for the Rehabilitation Engineering Research. The main areas of research are expert systems for neuropsychological diagnosis and design of a computer vision system to serve as a guidance aid for the blind.

Since my research efforts are devoted to the field of computer vision, allow me to address the second problem, that of design of guidance aids for the blind. To this end, I note that as early as 1944, a national research council sponsored by the Veterans Administration was established to assess the various needs of the blind. In this assessment, it was recognized that there was desperate need for research and development of sensory devices to help the blind in their daily mobility needs. In 4 years of research, the efforts of this committee generated relevant information on possible research avenues, several pilot instruments, and some preliminary results. In a summary of progress, a member of the committee stated that, "With the information thus gained, undoubtedly the engineers will want to have the instruments in hand again for another cycle of redesigning and improvement and of retesting."

Today, however, providing practical means to aid the blind in their search for relatively easy and efficient mobility is a problem that has yet to be resolved. It is remarkable indeed that in this spaceage technology era, with all the remarkable scientific and technological breakthroughs, the mobility needs of the blind are still met by the traditional cane and the guide dog.

Through years of research, the PICHTR information technology research group at the Universtity of Hawaii has established the merits and promise of the application of computer vision to provide the blind with artificial seeing capability. By that, I mean providing the blind with better information of the sensed environment. In this research direction, we are currently studying four major problems.

One is the vision system design itself.

The other is establishing the mapping principles that exist between the two dimensional camera acquired images, which constitute the domain of the computer, with the three dimensional real world, which constitute the domain of the blind.

Three, development of the appropriate imaging techniques for the understanding and interpretation of the two-dimensional images of real world.

Four, information integration and output coding in order to establish the proper communication link between the computer and the blind.

In addressing problem one, we have envisioned an effective vision system design which, through current advances in very large scale integration technology, can ultimately be repackaged for portability. This vision system will consist of two miniature cameras which will serve as the sensors of the system, a microcomputing system equipped with artificial intelligence capability to interpret what the cameras see, and an output interface equipped with both audio and tactile capabilities to relay suitable descriptions of the world viewed and guidance cues to the blind.

Our research efforts have thus far yielded imaging techniques which provide the blind with directional and orientation cues, detect dropoffs or depressions which constitute the most-feared obstacles by the blind, discriminate upright objects which can be used as landmarks, and identify important objects such as stairs, crosswalks, curbs, etc.

The soundness of these imaging techniques rests on the fact that the visual features they exploit are the same visual features we humans use.

Clearly, in the design of the vision system for the blind, there are many complex issues that need to be addressed. However, we all know that there have seldom been easy answers to complex problems. We believe that the solution exists, and with well-intentioned and genuine efforts, we can help the blind "see" more of this world, and certainly to walk more confidently.

In closing, I would like to say that the Dean of the College of Engineering, Dr. Paul Yuen, pledges full support of this research or any other research which could have an impact on health care for veterans, and urges the Federal Government to provide support for this research which could do much to help our blind veterans lead better lives. Thank you very much.

[The prepared statement of Dr. Yuen appears on p. 167.]

Senator **Matsunaga**. Dr. Adjouadi, Dr. Yuen's statement focuses almost exclusively on prosthetics projects for the blind. Is the College of Engineering in any way involved in other VA-affiliated projects or programs?

Dr. **Adjouadi**. Of course, and maybe Dr. Claude Chemtob can comment on that. I know that we are involved in expert systems for neuropsychological diagnosis, which is not my area of research, but basically, it's applying artificial intelligence related algorithms to help the blind veterans with their psychological problems.

Senator **Matsunaga**. As I understand it, the VA and University of Hawaii are affiliated in research.

Dr. **Adjouadi**. Yes.

Senator **Matsunaga**. What do you assess that to be? Is it a good relationship, such that you are making progress as you would hope, or is it lacking in any way? If so, in what way?

Dr. **Adjouadi**. Let me say that it's a wonderful collaboration. Why? Because those of us who are experts who are working in computer vision don't know the problems that are faced by the blind. Now, when we collaborate with the Veterans' Administration, they put us in contact with real life issues. They tell us, "This is the problem." So, we have to find a solution. People who are experts in computer vision work with robots. They give you all these nice theories, but then when you try to apply them, they might not work. Now, when we relate with the Veterans' Administration, to give results, we have to have practical results, so in that sense, I think it's a wonderful relationship. It will be very successful, I hope.

Senator **Matsunaga**. Have you any suggestions to improve the relationship?

Dr. **Adjouadi**. Well, I think the relationship is good now. So, hopefully, it will remain good, and we would like, of course, their full support on this That's all I can say for now.

Senator **Matsunaga**. So, what are you saying? You're saying, "If it ain't broke, don't fix it?"

Dr. **Adjouadi**. Exactly.

Senator **Matsunaga**. Dr. Wellington, what specific benefits would the hospital mentioned in Dr. Rogers' prepared testimony provide to veterans, as opposed to the situation under the current, nonintegrated system?

Dr. **Wellington**. It would provide an integration and an ability for a Veterans' Administration Center to undertake a broad spectrum of health care, extending from acute hospitalization through skilled nursing to day care, to domiciliary care, looking largely at the older population of veterans, the ones of increasing age, together with the opportunties to continue to conduct research. Such a Center would facilitate much more research in gerontological terms, such things as research into the onset of Alzheimer's disease and other disabilities that predictably are going to occur to some extent within this population. I think that the advantages to the veteran of being linked with a system which does have the long range from acute care to domiciliary care or day home care, at either end of the spectrum, would be of enornous help in his receiving a coordinated and integrated kind of health care.

Senator **Matsunaga**. So that a separate Veterans' Administration Center would mean greater, stronger affiliation with the University of Hawaii Medical School?

Dr. **Wellington**. We would be very pleased, we are pleased now, to play a role with the Veterans' Administration here, and we'd be very pleased to increase that role that we play. We have been very close partners with the VA here in the State, and we want to continue to be so.

Senator **Matsunaga**. What sort of relationship do you have now with Tripler Hospital?

Dr. **Wellington**. Our relationship with Tripler is, in reality, a separate one from the VA. Our principal relation with the Veterans' Administration is in the Veterans' Administration outpatient clinic, with some of the others of our faculty consulting at Tripler, seeing both service personnel and veterans, but under a somewhat separate aegis, as it were.

Senator **Matsunaga**. Dr. Goodman, do you subscribe to the proposal made by Dr. Wellington for Dr. Rogers?

Dr. **Goodman**. Yes, I certainly do. We are very interested in building more bridges and putting together more joint appointments and programs so that we can enhance the training of our graduate students in the areas mentioned: medicine, nursing, public health, and social work. There is tremendous need and it's a tremendous opportunity for the university and for the VA.

Senator **Matsunaga**. Well, thank you very much, Dr. Goodman, Dr. Wellington, and Mr. Adjouadi. I appreciate you taking time to be with us.

Our next panel consists of the State Veterans' Officials. Mrs. Winona Rubin, who is the Director of the Department of Social Services and Housing, accompanied by Mr. Milton Lau, State Coordinator of Veterans' Affairs, Pat Pavao, Veterans' Affairs Counselor, and Manny Corregedore, Veterans' Affairs Counselor. Substituting for Mr. Kamaki Kanahele III, Administrator of the Office of Hawaiian Affairs, is Mr. Sam Apuna, who is the Human Services Officer of the OHA. We'd be happy to hear from you, Winona.

STATEMENT OF WINONA E. RUBIN, DIRECTOR, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, STATE OF HAWAII

Mrs. RUBIN. Thank you, Senator Governor John Waihee was unable to be here today, but asked me to express his appreciation to you, Senator, for holding these hearings here in the State, so the people would be able to express directly to you some of their concerns, and second, for your tremendous contributions on behalf of the over 100,000 veterans in the State of Hawaii. He expresses that he is fully supportive of all of your efforts.

Senator MATSUNAGA. Thank you. The amplifying system is not working, so you have to speak up. Thank you. I thank you for the Governor's message.

Mrs. RUBIN. I'm pleased to appear before you today to testify on behalf of the Department of Social Services and Housing on the access for Hawaii veterans to Veterans' Administration health-care services furnished by the VA or at VA expense.

Since my tenure with the Department has been brief, with me today are veterans' affairs counselors from the island of Hawaii and the island of Kauai, and they will have an opportunity, after I have presented some of the testimony, to briefly present their testimony.

Although the primary responsibility for veterans' services rests with the Veterans' Administration, the Department of Social Services and Housing has statutory responsibility to provide services to assist veterans and their families or dependents to obtain the Federal as well as State benefits to which they are entitled by law. The Department carries out its responsibilities through four veterans' affairs counselors—one on each of the islands of Oahu, Hawaii, Maui, and Kauai. The position on Maui is currently vacant. These counselors provide information about available services, making referrals to appropriate agencies, and provide counseling and assistance to veterans or their dependents in completing forms necessary for various benefits.

Our veterans' affairs counselors have had the opportunity to talk with veterans who have had their health-care needs met and with veterans who have not. Those veterans whose needs have not been adequately met are primarily those who reside on the neighboring islands of Hawaii, Maui, and Kauai, where there are no VA health services or support staff. It's our concern for these unserved veterans which leads our Department to submit for your consideration the following suggestions from our veterans' affairs counselors.

(1) Establish a neighbor island action group or expand the coordination and functions of currently established veterans councils or advisory committees to work cooperatively on emerging issues affecting all veterans. Specifically, they could attempt to resolve long-standing problems of unmet veterans' needs and perhaps monitor services being provided to veterans throughout the State.

(2) Until a VA Hospital is a reality, provide the resources to establish at least a long-term care unit, to include possibly 70 psychiatry and 60 nursing care beds at Tripler Army Medical Center or other facilities, and additional fee-for-service providers, primarily for those veterans residing on the islands of Hawaii, Maui, and Kauai.

(3) Provide a proportionate increase in VA resources to meet increased veterans' needs consistent with the fact that the veteran population in Hawaii is continually growing, from 93,000 veterans in 1979 to 98,000 veterans in 1983 and to an estimated 102,000 veterans at the present time. The veterans seem to be moving to the neighbor islands, both from Oahu and from the mainland.

(4) Provide for an increase in fee-for-service rates to attract and retain additional numbers of quality service providers throughout the State. Many private physicians are reluctant to provide treatment to VA patients at the current allowable ceiling.

(5) Establish procedures to simplify the process and shorten the time necessary for veterans and service providers to secure prior authorization for ongoing health-care services, including prosthetic equipment and emergency medications.

(6) Provide for reasonable exemptions or waivers to proposed or current VA regulations which restrict the availability of health-care services to veterans in Hawaii. The unque State geography of the islands should be recognized in planning VA services. Recent changes in VA regulations create a frustrating hardship by curtailment of air travel for neighbor island veterans to VA medical facilities on Oahu.

Our Department is committed to serving all veterans regardless of financial status, and we will be happy to support and participate in planning to inprove the delivery of services to them. We sincerly appreciate the opportunity to testify at this hearing, and thank you for your efforts on behalf of veterans.

Senator MATSUNAGA. Thank you very much, Winona.

We'll be happy to hear from you now, Mr. Pavao.

STATEMENT OF PATRICK A. PAVAO, VETERANS' AFFAIRS COUNSELOR, DEPARTMENT OF SOCIAL SERVICES AND HOUSING, STATE OF HAWAII

Mr. PAVAO. Honorable Matsunaga, I thank you for this opportunity. I'm the Veterans' State's Advisory Counselor of 17 years. I would like to state that we, the state veterans' counselors, believe we are effectively carrying out our responsibilities to veterans in our country in State-provided benefits. However, we have had the opportunity to discuss, analyze, and evaluate the neighbor island veterans' issues, concerns, problems, relative to receiving services from the VA with regard to federally provided benefits. The reason this is so is because the people on the neighbor islands look to our office as being the Veterans' Administration.

We on the neighbor islands continue to be frustrated and dissatisfied due to the lack of VA personnel availability and insensitivity to the issues, concerns, and problems of neighbor island veterans. It seems as though the VA's position toward neighbor island veterans' services, concerns, and problems is more reactive in nature, dealing with known individual veterans on a case-by-case, as-needed basis. The neighbor island veterans' perception is that we are viewed and treated by VA as second-class veterans because of our remoteness due to the unique geographical makeup of our State, resulting in a lack of equitable, adequate and appropriate services.

An example of this would be in terms of veterans living on the neighbor islands who come to Oahu for medical care, totally dependent upon the proper communication and coordination between the veterans' outpatient clinic and the Tripler Army Medical Center and the private medical facilities. These veterans have experienced problems meeting appointment times, being accepted for admission and having waiting periods for appointments, especially in a specialty such as orthopedics and neurosurgery. They have also encountered nonavailability of bed space, lack of understanding of veterans on the part of military personnel, conflicitng medical diagnoses and treatment, misplacement of records, and delay in submitting reports to the VA outpatient clinic and also to the veterans' personal physician.

We are in total support of Dr. William Vandervort's recommendation and requests to his administrators in Washington relative to a long-term VA plan on a VA Medical Center, on leasing space in the community facilities and also VA community options for conversion of excess capacity in the community sector to fee-basis VA beds. Although we support his recommendations, some of the immediate concerns of our Hawaii veterans on the Big Island are in terms of fee-basis service providers.

There are some fee-basis providers such as doctors, specialists, medical facilities, and pharmacies who choose not to do business with the VA patients because they view it as not worth their while. It certainly takes too much time to receive reimbursement. There is too much red tape, and they are treated as first aid stations.

A possible solution would be to increase the fee-for-service rates, concentrated efforts to better public relations with fee-for-service providers, simplify and expedite the communication process to obtain authorization for services, and finally, to make it worth their while to treat veterans on the neighbor islands with compassion and dignity.

As far as emergency medication, it does not seem to be a problem for veterans to obtain routine medication; however, in obtaining emergency medication, a veteran on a neighbor island must find a physician to obtain a prescription, use his own funds to obtain the medication, and then wait 3 to 4 months for a reduced percentage reimbursement. A possible solution would be to have the VA contract with some local pharmacy or medical staff or hospital to obtain medication on an emergency-only basis.

Regarding VA beneficiary travel, it is important that these travel moneys be available in order to keep the veteran available to come to Tripler as well as the outpatient clinic.

Fourth, establishment of a satellite Vet Center on the neighbor island. This could be accomplished by placing one Vet Center counselor on a rotation basis throughout the neighbor islands, supplemented and supported by traveling VA Vet Center team on a regularly scheduled basis. This could make VA medical services and staff accessible and available to neighbor island veterans, eventually leading to establishing a Vet Center.

Fifth, establishment of a neighbor island committee to develop a comprehensive and coordianted plan to address the issues, concerns and problems of neighbor island veterans.

Sixth, to develop a simple, workable mechanism for veterans to obtain emergency medical care locally, especially mental health care when a crisis occurs.

Eighth, train the VA staff to be more sensitive to the issues, needs, and concerns of neighbor island veterans. There is a need to eliminate procrastination, sarcasm, and a negative attitude, and to have better followup services.

It is apparent the VA has relied largely upon the State of Hawaii to provide ongoing services to veterans of the neighbor islands. Unfortunately, the Department of Social Services' Mental Health System has neither adequate staff nor sufficient expertise to provide proper, meaningful, and continuous readjustment counseling services or treatment to eligible veterans. This has resulted in establishing contract services where the demands are greater than the contract expectations.

In conclusion, the neighbor island veteran concern is a statewide concern, affecting Hawaii County, Kauai County, and Maui County, to include Molokai and Lanai. If efforts are only directed to one county alone, rest assured the issues, concerns, and problems will remain and increase in magnitude. We all share the same concerns and problems as a result of inaccessibility to VA, the Vet Center, Tripler Army Medical Center, and their respective staff and services. Therefore, whatever solutions or directives that may come from this must be consistently applied to all counties to be effective in addressing the needs of all of Hawaii's veteran population. What we ask is not benefits exceeding those available to our fellow veterans residing in other States, but merely adequate and appropriate services.

I thank you for this opportunity.

[The prepared statement of Mr. Pavao appears on p. 171.]

Senator Matsunaga. I understand, Mr. Corregedore, you don't have any prepared statement? You're here just to answer questions? Is that correct?

Mr. Corregedore. Yes.

Senator Matsunaga. We will then proceed to hear from Mr. Apuna.

STATEMENT OF KAMUELA APUNA, HUMAN SERVICES OFFICER, OFFICE OF HAWAIIAN AFFAIRS, ON BEHALF OF KAMAKI A. KANAHELE III, ADMINISTRATOR

Mr. Apuna. I'm here on behalf of Mr. Kamaki Kanahele, the Administrator of the Office of Hawaiian Affairs, who sends his regards and aloha. I will not repeat or read his 6-page testimony; however, I will submit his testimony for the record. I will repeat, however, some of the highlights which OHA would like to support which has been well-covered this morning.

On behalf of the veterans of native Hawaiian ancestry, we would like to support the need for a Veterans' Hospital. Second, supporting beneficiary travel for veterans between the islands. Third, improving psychiatric and psychological medical support on all islands. Fourth, to request a resolution to the anticipated closing of the Punchbowl National Cemetery.

I would like to cite that OHA has representatives in Washington and on many occasions we have tried to reiterate the major issue and most critical problem confronting native Hawaiian veterans, and that is the lack of a Veterans' Hospital. At the recent meeting of the Native American Advisory Council to the Veterans' Administration, our represientive was invited as an observer, not a member, at which time we cited only one critical problem here, and that was the need of a Veteran's Hospital.

On behalf of the Office of Hawaiian Affairs, we wish to thank you for having this hearing here in Hawaii so that we, the people, can come and testify before you. OHA would like to give you total support in your endeavor toward getting a Veterans' Hospital here in Hawaii. Aloha.

[The prepared statement of Mr. Kanahele appears on p. 181.]

Senator MATSUNAGA. Thank you very much. Colonel Apuna, it's been often said that the native Hawaiian are reticent in making demands upon the Veterans' Administration for services that they really need. I'd like your comments on that.

Mr. APUNA. We're not making demands that are unnecessary. For example, just recently there was a meeting held at the Veterans' Administration Office here in Honolulu between Mr. Sam Tiana and the recent Chief of the Department of Mental Health, Dr. Mee Lee. At that meeting, it was a consensus of all members there that there was a great need for psychiatric help on the island of Maui, yet, by the end of the meeting, there was no solution. Neither is there a solution available for veterans on Maui as to psychiatric or psychological medical attention. We just recently finished a needs assessment with the Hawaiians, of which the Hawaiians have come out and said that the second most critical need is that of health, second only to housing, but over and above that of education, transportation, employment and all other social services. Health is a critical need.

Senator MATSUNAGA. Thank you. Now, Winona, you talked about the Maui Veterans' Affairs Office, the counselor's job being vacant. How long has this position been vacant, do you know?

Mrs. RUBIN. Actually, at one point in time, the latter part of last year, the incumbent in the office was ill and, in December of last year, then took retirement. The office was internally advertised, we came up with some applicants in February who did not, however, meet the criteria. It is now in open advertising, and therefore, hopefully, should we be able to find on the applicant list, people who are eligible for that position. In another 2 or 3 months, that may happen.

Senator MATSUNAGA. When was this openly advertised?

Mrs. RUBIN. In March within the State government, I believe. After the February closing of the applications internally within the department and our rejection of the two applicants that could possibly have been selected.

Senator MATSUNAGA. You have had just two applicants?

Mrs. **Rubin**. Two internally that were considered and found wanting of some of the appropriate training and background that's necessary.

Senator **Matsunaga**. You will be accepting applications from veterans themselves, if they have an interest?

Mrs. **Rubin**. Yes.

Senator **Matsunaga**. It's not merely confined to personnel within DSSH?

Mrs. **Rubin**. No.

Senator **Matsunaga**. Is there any criterion relative to the sympathy which the applicant might have insofar as the veterans' health care and veterans' affairs?

Mrs. **Rubin**. I think they should meet the qualifications of, at least, the existing incumbents that have been praised by the community and the veterans in their community, of knowledge of the system, knowledge of the concerns of veterans, and the ability to know the resources within the system and how to do the referral and the assistance as quickly as possible.

Senator **Matsunaga**. I've heard some very good remarks relative to the veterans' counselors offices over in the Big Island and Kauai, and if that is the criterion on which the office on Maui should be opened and that position filled, it should be filled very soon and I hope also by competent personnel such as Mr. Pavao and Mr. Corregedore. Is there any informal understanding between the State and the VA which calls for the State to act as the focal point for veterans' issues, such as in providing information about benefits, making referrals, providing counseling, etc. on the neighbor islands?

Mrs. **Rubin**. There is a statute by which we operate which requires that we do, indeed, provide that information and referral service. I would defer to Mr. Pavao to explain what he does relative to that type of an arrangement and agreement.

Senator **Matsunaga**. Mr. Pavao.

Mr. **Pavao**. We are to provide, basically, information and assistance relative to the Federal benefits. We are not the professionals, and we normally make referrals to the Veterans' Administration on Oahu. However, the public seems to accept our office as being, quote, the Veterans' Administration, unquote. And in order to provide the quality kind of service, I guess I have gone on record and accepted that responsibility, and I have worked closely with all of the various divisions. If one would just do the job as a veterans' counselor, just providing information and assistance and making referrals, it would be quite an easy task to do. However, because no Federal employees are available on the neighbor islands, we must know the policies and procedures of the VA, not only within the veterans' benefits sector, but more importantly, within the medical sector. I believe the Veterans' Administration Outpatient Clinic depends a lot on our office in terms of reaching out to the veterans. For some apparent reason, whenever veterans do receive any kind of correspondence, they also come to our office for some kind of explanation or interpretation. We on the outside islands have to deal with a lot of the service providers like the doctors, the hospitals, and try to help to implement whatever the VA's policies are to make it workable. And this is what we try to do, in trying to help our veterans.

Senator **Matsunaga**. Winona, could you provide us with a copy of the criteria which you have established for the veterans' counselor on the island of Maui, and if you did run an ad, also a copy of the ad for our record?

Mrs. **Rubin**. Yes, sir.

[The material requested appears on p. 187.]

Senator **Matsunaga**. We'd appreciate it very much. I've been advised by several veterans and veterans' advocates of Maui that they have had to wait in line to meet with the veterans' counselor, and line up in the welfare, food stamp, and unemployment insurance line. This, of course, I believe is totally unacceptable to veterans and even from a common sense viewpoint. if this is so. . . . Perhaps you can tell me if this is so or you can deny it. What are your plans to do away with the situation?

Mrs. **Rubin**. In the absence of a veteran's affairs counselor on the island of Maui more recently, the VA has been sending to the island of Maui its own representative, and attempting to address the needs of the veterans there. However, they are not there every single day of the week, which then probably results in lines of veterans to see the representative. I think VA could more easily respond than I as to the number they deal with and how they are dealing with them. The current social service system operates in separate units, and this is one of the things that we are attempting to resolve shortly with one of the items of legislation and additional support for our program in this State legislature, whereby there would be a single entry kind of system so that anyone needing assistance in any form from the Department would have to deal with the application process only once. The application process has been facilitated on the other islands by the veterans' affairs counselors. On Maui, that would be a problem since we do not have someone there currently and the VA person is not there every day of the week. So, yes, there has been a problem.

Senator **Matsunaga**. I realize you've been in office only for a very brief time, and I do hope that new blood means new action, and that you will help resolve some of the existing problems, especially on the island of Maui.

Mrs. **Rubin**. We intend to.

Senator **Matsunaga**. And I wish to advise you that I will be asking Dr. Gronvall of the VA to respond in writing to the recommendations of the Hawaii veterans' affairs counselors. I thank you all for being so patient all day, waiting for your time to testify. Thank you very much.

Our next panel, consists of State Health Officials, Dr. John Lewin, Director of the Department of Health, and Mrs. Gladys Park, Chief of Planning of the State Health Planning and Development Agency. Dr. Lewin, we'll be happy to hear from you.

STATEMENT OF DR. JOHN LEWIN, DIRECTOR, DEPARTMENT OF HEALTH, STATE OF HAWAII

Dr. **Lewin**. Thank you, Senator. We thank you for providing the State Department of Health the opportunity to testify on this important health issue for the veteran residents of the State of Hawaii. The Department is concerned that veterans in Hawaii are not receiving a variety of health related benefits due them, and it is the Department's intention to correct the situation in partnership with the Veterans' Administration.

We acknowledge that health services to veterans in Hawaii are very deficient in two areas. These are services for Hawaii veteran residents requiring domiciliary and long-term care benefits and services for those veterans who are unable to access outpatient services at Tripler Hospital, and for those who suffer from pyschological reprecussions of war experiences, particularly those Vietnam veterans who are presently partially disabled due to post traumatic stress disorders.

In terms of the first area, that of the lack of veterans' supported domiciliary and long-term care services for most of the residents of the State of Hawaii, the new Department of Health under Governor John Waihee's "New Beginning" intends to work steadfastly with the Veterans' Administration to assure that our State receives its proportionate share of financial benefits, both for renovation of existing facilities and for assistance in construction of facilities for those requiring domiciliary care. In addition, we're hopeful that the Veterans' Administration will fully assist us in rapidly designing facilities to become eligible for these construction and renovation assistance benefits and for daily patient care services remuneration as entitled to the State and the veterans through existing Veterans' Administration's laws. Apparently, Hawaii is one of only fourteen States that do not, at present, take advantage of the Veterans' Administration's services. It's quite surprising, and also of great concern to me, that such steps have not already been initiated and undertaken as a joint venture between the State and the Veterans' Administration in previous years.

I must state that regular hospital inpatient care or acute care services are available statewide to veterans. However, with increasing numbers of aging veterans, acute care services at Tripler will soon be overtaxed, and a Veterans' Hospital will be indicated.

Now, the situation is reversed for outpatient care, because on neighbor islands, we can use the hospitals there for acute care patient veterans, whereas here we have a slightly more difficult problem.

In terms of the second major area of need, the Veterans' Administration must recognize the uniqueness of Hawaii as an island State. The problem is in access to outpatient services. Presently, veterans' benefits are available to outpatients in Honolulu only. Thus, veterens who need outpatient clinic services and live on the neighbor islands are generally unable to receive benefits unless they're processed through a difficult system of referral to Honolulu. The system requires a patient to visit a neighbor island physician and have the physician or his or her staff make a telephone connection here and then transportation has to be arranged and so forth, and finally the process results in a visit to Oahu. Even medications must generally be obtained by neighbor island veterans by traveling to Oahu to pick them up at a cost of transportation which far exceeds the costs of medications. Although some veterans get permission to have treatment locally if their visit relates directly to a service injury, most of the veterans' problems are now no longer easily attributable to such injuries and relate to traditional medical problems. Thus, many of these patients are uninsured and receive little or no preventive or basic outpatient care whatsoever.

Further, for those veterans in need of psychological services and suffering from post traumatic psychological war stress conditions, the nature of their problem precludes these individuals from following through the steps required to acquire services. Psychological counseling and services are, in essence, not available to many of these individuals who are not conveniently located in the City of Honolulu proper.

Therefore, it is essential that the Veterans' Administration establish some kind of service to the neighbor islands by either assigning neighbor island physicians, as you've heard earlier, to become contract physicians for these mental health services, or provide teams of physicians to travel to the neighbor islands on a regular and frequent basis in order to meet the needs.

Here the Department of Health would like to offer our facilities. We have 5,000 employees and facilities all throughout the State as sites for these proposed visits. Although our initial negotiations and discussions with the VA officials in Honolulu indicate that the individuals are concerned here and aware of the needs, funding does not seem to be forthcoming to provide the obvious services necessary to allow Hawaii to provide baseline services.

In summary, we need immediate assistance to establish domiciliary and long-term care facilities for veterans both on Oahu and neighbor island counties. We need quality, acceptable outpatient services for neighbor island outpatients, and particularly for veterans with psychological problems. And finally, we need to plan for comprehensive and acute care services for all of Hawaii's veterans, particularly in view of the increasing number of elderly veterans, such as would best be provided by Hawaii's own Veterans' Administration Hospital.

With respect to all of the above specific recommendations, the Department's dedicated to working closely with the VA to assure that we can accomplish all of these objectives to the satisfaction of the Veterans' Administration and the veterans of Hawaii. We pledge our staff, services and facilities in a full-fledged effort to bring about high quality and comprehensive services to the veterans of the State of the Hawaii. Thank you for the opportunity to testify.

Senator MATSUNAGA. Thank you very much, Dr. Lewin. We'll be happy now to hear from Mrs. Park.

STATEMENT OF GLADYS PARK, CHIEF OF PLANNING, STATE HEALTH PLANNING AND DEVELOPMENT AGENCY, STATE OF HAWAII, ON BEHALF OF PATRICK J. BOLAND, ACTING ADMINISTRATOR

Mrs. PARK. Thank you for the opportunity to speak this afternoon. Our agency does recognize that there are problems related to veterans' care in the State. The first problem we see is that related primary care, which is that care that's available through doctors' and dentists' offices. The national planning standard that has been used is that these services should be available within 30 minutes driving time of people's homes, and we see this as a real problem for the veterans, especially those outside of metropolitan Honolulu and neighbor islands, since there is only the VA clinic in Honolulu.

The other problem we see is that related to acute inpatient care. However, we feel that the hospitals throughout the State have capacity to take care of veterans at the present time, since occupancy rates show us that there is probably capacity, especially on the neighbor islands. However, we do recognize that there are problems related to psychiatric care and especially care for alcohol and drug abuse. We know there are inpatient psychiatric beds on the neighbor islands, but there are no inpatient beds for alcohol and drug abuse. So, again, this presents a real problem to neighbor island veterans.

The major problem we see is that related to long-term care. At the present time, all of our long-term care facilities are operating at maximum capacity; there's very little room even for the general public. They operate at a 97 percent occupancy rate, and so there are waiting lists. So, we see the urgency for having a veterans' facility for long-term care in view of the average age of today's veterans.

The other thing we feel that should be looked at in terms of long-term care is those services that will allow a person to stay at home for as long as possible, such as home health care, day care, day health care or day hospital, and as was mentioned earlier, hospice care at every level.

Since our agency is responsible for planning for health services and facilities throughout the State and for all residents and for administering the Certificate of Need Program, we are committed to assisting the VA in ensuring veterans quality care, yet with minimal disruption of their families.

Thank you for this opportunity.

[The prepared statement of Mr. Boland appears on p. 190.]

Senator MATSUNAGA. Thank you. Dr. Lewin, do you support the establishment of a Hawaii State home to provide extended care for veterans?

Dr. LEWIN. Yes, I do, Senator. In addition, I think that because the way the veterans' laws are written, if we designate a ward, for example, on the neighbor island hospitals as well as developing a home here in Oahu, we can have the services in all the counties, and we can do these things simultaneously, as I see it. I believe we'll need the Veterans' Administration's help in the designation process, but as I interpret the laws as they're written now, this long-term care home can be a reality on Oahu very shortly, and also in Hilo and in other facilities throughout the State. I believe it could be a statewide system that would even allow the veterans to remain close to their families in all the counties.

Senator MATSUNAGA. What do you think the prospects are of the State Legislature appropirating the one-third share?

Dr. LEWIN. I think they're good, because I believe that we have some facilities in the State that will be in need of some kind of service at any rate. For example, we have a number of buildings in Waimano that would lend themselves. We have buildings at Hilo Hospital and other places that will be in need of renovation. And I believe that in the process of doing this, it will be a lobbying effort our part, and a planning effort, but I've already started that kind of motion, as far as getting the legislators aware that we will need to do this soon.

I'm more concerned that we will have difficulties in the designation process, and get hung up bureaucratically. I believe that we'll need the assistance of the Veterans' Administration to make sure that there are no hitches.

Senator **Matsunaga**. Mrs. Parks, what is the statewide long-term bed use rate, that is, the general population?

Mrs. **Park**. You mean the occupancy rate? It's running at about 98 percent throughout the State, so there's very few beds that are available.

Senator **Matsunaga**. How many hospitalized per thousand?

Mrs. **Park**. We haven't done that kind of calculation.

Senator **Matsunaga**. You don't have an estimate?

Mrs. **Park**. We can get it for you.

Dr. **Lewin**. There's about 250 on Maui. Something about——

Senator **Matsunaga**. Could you provide it for the record? Of course, what I was trying to do was compare that with long-term bed use by Hawaii veterans. Do you have that figure?

Mrs. **Park**. No, we don't.

Senator **Matsunaga**. You don't have that? Could you provide us that also?

Mrs. **Park**. I think we'd have to get it from the Veterans' Administration, because we collect our data from the hospitals and——

Senator **Matsunaga**. Oh, you don't have your own State figures?

Dr. **Lewin**. No.

Mrs. **Park**. No, not for veterans.

Senator **Matsunaga**. I see.

Dr. **Lewin**. Nor do we have that information, Senator.

Senator **Matsunaga**. I think we know that the VA has only 13 under contract. Well, I suppose then that the other questions relative to acute bed use rates, you don't have those figures either, do you?

Mrs. **Park**. Not for veterans.

Senator **Matsunaga**. I see. What about the general population?

Mrs. **Park**. We have that.

Senator **Matsunaga**. You can provide that for the record?

Mrs. **Park**. Yes.

[The information requested appears on p. 193.]

Senator **Matsunaga**. Are either of you aware of the suppressed demand, either among general Hawaiian population or the veterans population, caused by inadequate facilities, ethnic and cultural factors, or any other factors? What I'm driving at is that if you do sense any reticence or suppression on the part of the general population or among the veterans themselves in seeking medical assistance or health-care services because of the uniqueness of the population in Hawaii, due to ethnicity, or inadequate facilities, or what have you? Have you noticed any contributing factors to the claim that there is not the demand for medical health-care services here in Hawaii?

Dr. **Lewin**. I think there is maybe a much greater demand than maybe the Veterans' Administration is aware of. As an outpatient physician on the island of Maui until 4 months ago, I dealt with a great number of veterans there who were unable to even come down with insurance, and these people were unable to, some of them were the working poor. They were people that did not qualify for insurance; they were self-employed or small farmers and soforth, and they were people that I had to either arrange a barter system or some other, just take care of them. I think those people would fall out of, would disappear in, the statistics and would seem to be people not looking for services. I'm aware that on the neighbor islands, again, you've heard testimony, there are a large number of people that need psychological services that are not seeking them because they're really not available. They sought them first, but were unable to pay for the services and couldn't make the arrangements to get over here. when the Vietnam Wall came through Maui, I had talked to my fellow physicians at a medical society meeting, and we all noted a large number of absentee people from work following the Vietnam Wall and the movie Platoon. And there was just a tremendous psychological impact, where people were actually sick and off duty, and these were Vietnam veterans on the island of Maui who were so affected. To my knowledge, these people were not seeking medical services because they weren't available, but there is a network of people there that is demanding those services and asking for them. If they were available, I know they'd use them.

Senator MATSUNAGA. So that because of the unavailability or reputed unavailability of services, they are not even asking for it?

Dr. LEWIN. Absolutely.

Senator MATSUNAGA. Well, thank you very much, Dr. Lewin and Mrs. Park.

Our next panel of witnesses is from the private health-care providers. We have Mr. Stanley Snodgrass, President and Chief Operating Officer of the Healthcare Association of Hawaii; Dr. Walter Chang, President of the Hawaii Medical Association; or Dr. Richard Lundborg, the Legislative Liaison of the Hawaii Medical Association, accompanied by Dr. Russell Stodd, Past President, Hawaii Medical Association.

Dr. Chang is not here? And Richard Lundborg is not here? OK, then we shall proceed with a one-man panel.

STATEMENT OF STANLEY B. SNODGRASS, PRESIDENT AND CHIEF EXECUTIVE OFFICER, HEALTHCARE ASSOCIATION OF HAWAII

Mr. SNODGRASS. Thanks very much. Speaking for the Healthcare Association of Hawaii, we appreciate greatly the opportunity to testify before the Committee on Veterans' Affairs.

The Healthcare Association of Hawaii represents all of the acute care beds in the State, as well as about 75 percent of the long-term care beds on all of the islands. You have my testimony. I'm going to depart from it now, Senator, recognizing the statements which you opened with this morning, which is that you're interested in some suggestions and possible solutions.

In evaluating my testimony, in addition to being the head of the Healthcare Association of Hawaii, I'm a 20-year veteran of the Navy Hospital Corps, I'm a World War II and Korean veteran. I also ran the Convalescent Center of Honolulu, which is one of the largest skilled nursing facilities in the State, for some 11 years, and

I'm speaking from that background. Very specifically, I think that the comments that were made today relative to long-term care for veterans are valid comments. I think there's definite need for the beds throughout the islands. I think the idea of working from that particular kind of an institution and going from that into other services, using that as a center, as a base, as a viable kind of thing. I would like to suggest the possibility of you and your staff putting out a request for proposal directly to the community and perhaps to some of the national health-care organizations laying out the kinds of services and programs that would be ideal. It could be set up in a modular type of form, and let those organizations bid to furnish the services. The construction specifications for the institutions could be very specific. The services could be specific. The utilization review, the various kinds of controls, could also be expressed very, very well. I think the contractual relationships could very well be established in such a fashion that the institutions, whoever the successful bidder, might very well do the construction and amortize the cost of that construction over a long-term contract. And so that, in essence, is what I would like to propose to your committee for your consideration. It's not necessarily off the wall, because it seems to me this is the direction that the CHAMPUS Program is going right at this particular point in time. So, that's my comments, Senator.

[The prepared statement of Mr. Snodgrass appears on p. 212.]

Senator MATSUNAGA. We'd be happy to hear from you now, Fred, for the Queen's Medical Center.

STATEMENT OF FRED A. PRITCHARD, PRESIDENT, THE QUEEN'S MEDICAL CENTER, HONOLULU, HI

Mr. PRITCHARD. Thank you, Senator. I appreciate the opportunity to submit our testimony. My name is Fred Pritchard. I'm the President of the Queen's Medical Center in Honolulu, Hawaii. We welcome the opportunity to offer our support to your efforts to provide the veterans with quality health-care services. Last year, we met with Dr. William Vandervort, the Clinic Director for the Veteran Services Regional Office, to discuss various ways to use the health-care resources wtihin the State of Hawaii.

The Queen's Medical Center firmly believes that present health-care resources in Hawaii may be adequate for our veterans, if the system is restructured for more efficient delivery of services. We worked with Dr. Vandervort regarding the feasibility of a VA Center, as an idea, within the Queen's campus, to develop the provison of needed services at Queen's for Hawaii veterans. This approach would be an effort to maximize expensive equipment and support services. We also believe that such an effort, such an interrelationship, would make the best use of highly technical staff, which, by the way, is sometimes very hard to get.

We offer our hand of friendship to you, and look forward to a positive dialogue regarding the vital issues of health-care services for veterans. We'd like to extend our warm appreciation to you, Senator, for bringing the Senate Committee on Veterans' Affairs to Hawaii. Again, thank you very much for the opportunity to make these comments.

Senator **Matsunaga**. Thank you very much, Fred and Stan. We have, of course, a problem on long-term care and acute care. How to provide the necessary beds for long-term and short-term care is the real problem. Much of the discussion here today has been based on long-term care. Some alternatives to provide such care are a Veterans' Medical Center, E-Wing, and private facilities. What, for example, can you suggest as to Queen's Hosptial being able to provide?

Mr. **Pritchard**. Senator, I think you've focused on the two problems. One's the acute side, or the short-term care, and the long-term care. Obviously, Queen's is prepared and has resources to deal with the acute care side, or the short-term care. While we have an interest in and some uderstanding of long-term care, that is not an area that we would consider ourselves to be expert in. We do recognize the problem of long-term care, not only as it applies to the veterans' needs, but as it applies to all the citizens of Hawaii. We have several long-term care facilities in construction and I think it's fair to say, at least in my opinion, that we have today a shortage of long-term care beds generically. My suggestion relative to the veteran's long-term care problem, or needs, would be to either focus on solving that particular one at the same time your're solving the short-term care, or isolated, because they may be isolatable, and still provide good services. The long-term care facility could be constructed; it could be a long-term care center, which would be more than just the inpatient component. It would have such services as day care and a whole variety of support groups. So, I think the veterans' long-term care center could be very well defined and problematically isolated to provide a very good service to meet the veterans' needs, in a broader context than just the nursing home bed component part.

That would then leave the Veterans' Administration and the Government to deal with the problems in the acute care. The acute care is a broader parameter, from very tertiary type of care to routeine surgical outpatient type services. There, I think my comments speak to the utilization of existing high tech resources in the community. I think it would make a lot of economic sense to try to coordinate, if in fact the service could be delivered to the veterans consistent with the mission of the Veterans' Administration. I think providers such as ourselves would be very happy to work with the Government in trying to do this, to the degree that it would be technically and legally possible to do that. I think that would be one of the challenges that would be interesting to work on.

Senator **Matsunaga**. You would be willing to spend the time to explore these possibilities with the VA?

Mr. **Pritchard**. We would be, actually, a little more than willing. We think it would be almost an obligation for us to do that because one of the challenges that health care faces, in terms of health-care dollars being spent, is some way to be able to control the use of health-care dollars. When I say that, I'm using that in a very broad, generic manner. Both in the civilian population and the veterans, since health-care dollars are health-care dollars, no matter how you spend them, whether it's the Government spending them or the private sector. So, I think we have a challenge as health-care providers and responsible administrators for health care to try to figure out ways in which to be creative, to maximize our very expensive resources and our expensive, rare talents in human resources to provide those kinds of services.

Yes, we'd be very happy to do that, along with all of the other providers. We'd be more than happy to work with them.

Senator **Matsunaga**. Stanley, do you have anything to add?

Mr. **Snodrass**. Well, the last paragraph of our letter indicates we would welcome the opportunity to work with the Veterans' Administration and/or the Department of Defense in analyzing demand, services and time lines. In this fashion, the needs of veterans and retired military personnel may be met in a coordinated, cost-sensitive fashion. We'd be very pleased to do anything we could along this point, Senator.

Senator **Matsunaga**. Thank you. Thank you both.

Our final panel consists of Federal officials. I wish to call now to the witness stand Lt. Gen. Quinn H. Becker, Surgeon General, U.S. Army; Maj. Gen. John E. Major, Commanding General, Tripler Army Medical Center; and Dr. John A. Gronvall, Chief Medical Director of the Veterans' Administration, accompanied by Dr. William J. Vandervort, the Honolulu Outpatient Clinic Director, and Dr. Arthur Blank, Director, Readjustment Counseling Service. We'd be happy to hear from you, General Becker.

STATEMENT OF LT. GEN. QUINN H. BECKER, SURGEON GENERAL, DEPARTMENT OF THE ARMY

General **Becker**. Mr. Chairman, I'm very, very pleased to have an opportunity to be here. It's been a tremendously enlightening experience for me. A couple of things on a personal note, and then I'll sum up my statement. I started my Army career here in Hawaii at Tripler Army Hospital in 1956. I spent a time here, a terrible time, as Chief of Orthopedics, taking care of many of the veterans that are now residing in this State when they were in very serious condition as wounded soldiers from the Vietnam war. I also took care of them at Walter Reed and in Vietnam. I'm a Vietnam veteran myself. It does trouble me a great deal that many of our veterans are disappointed in the service they receive in our Army hospital and that they feel they've been treated poorly. Of course, we stand ready to work on all of these problems with the Veterans' Administration and the veterans of Hawaii.

I'm here representing not only the Chief of Staff of the Army, General Wickham, and the Secretary of the Army, the Honorable John Marsh, but also the Assistant Secretary of Defense for Health Affairs.

As you know, the Army Medical Department's primary mission is to be ready to support the Army in war. At the same time, we try to juggle our peacetime mission with the resources given us to be ready to go to war. During the past few years, we've been somewhat short in our resources. We've had to distribute those shortages and Tripler has had to take its fair share of those shortages which has been brought out here today. However, we stand ready to work with the Veterans' Administration to develop sharing plans to provide acute medical care to VA patients as well as to provide E-Wing as a VA facility, if that's what this committee feels should be done. We are certainly dedicated to working with the Veterans' Administration to bring high quality health care to our veterans, and we would like the opportunity to work toward doing this in a tertiary care facility that we have which we call Tripler Army Medical Center. I believe that might be the proper place to have both the acute care and the long-term care provided. That's just my personal opinion, however, and I understand the desires and all of the, what's the right word. . .? Anyway, we certainly are in agreement that DoD and the VA should work together to solve this problem. Thank you.

[The prepared statement of General Becker appears on p. 214.]

Senator MATSUNAGA. Thank you very much, General Becker. We'd be happy now to hear from you, General Major.

STATEMENT OF MAJ. GEN. JOHN E. MAJOR, COMMANDER, TRIPLER ARMY MEDICAL CENTER, HONOLULU, HI

General MAJOR. Thank you, Mr. Chairman. Like General Becker, I too, am a Vietnam veteran. I've spent most of my adult life taking care of veterans, both on the mainland, here in Hawaii and in Vietnam.

On July 1, 1933, a year and a half after the formation of the Veterans' Administration, Tripler Hospital allocated 20 beds for the care of veterans and this commitment has since been increased to 65 beds. We cannot fill this requirement consistently and to the letter at this time. There are three reasons for this failure. The first is that we are required to prioritize our care according to active duty and so forth. We cannot control our active duty staffing and the form of reimbursement to Tripler by the Veterans' Administration makes it impossible for us to apply these funds specifically to veterans' care. Misunderstanding of these limitations has led to the misconception that Tripler does not care for veterans and that we regard veterans as second-class citizens. This is not true. I believe that immediate renegotiation of the Memorandum of Understanding between Tripler and the Veterans' Administration can improve the quality of care to our veterans, if it will allow Tripler to apply funds, and when I say "funds", I mean money to hire people, received from the Veterans' Administration to the specific needs of our veterans.

If this committee determines that more efficient, more accessible and more economical care is available to our veterans in another sector, the Tripler staff stands ready to assist in this transition from our historic role in Hawaii.

I thank the Committee on Veterans' Affairs for the opportunity to provide this testimony. We at Tripler will enthusiastically support any decisions made by the Congress. Thank you.

[The prepared statement of General Major appears on p. 219.]

Senator MATSUNAGA. Thank you very much, General. We'd be happy now to hear from you, Dr. Gronvall.

STATEMENT OF DR. JOHN A. GRONVALL, CHIEF MEDICAL DIRECTOR, DEPARTMENT OF MEDICINE AND SURGERY, VETERANS' ADMINISTRATION, ACCOMPANIED BY DR. WILLIAM J. VANDERVORT, DIRECTOR, HONOLULU OUTPATIENT CLINIC; AND DR. ARTHUR BLANK, DIRECTOR, READJUSTMENT COUNSELING SERVICE

Dr. GRONVALL. Thank you very much, Mr. Chairman. It is a pleasure for us from the Veterans' Administration to be here today, both to bear the testimony that's been given as well as to have this chance to make some summary comments from the standpoint of the Veterans' Administration. In starting my comment, I do want to add my voice to those of others today that congratulated you on holding this hearing and took note of your own distinguished contributions to the country, including, of course, your military contribution as a part of the 100th Battalion, 442nd Regiment. And that story is well known to us, and makes it totally appropriate for you to be bringing this focus of attention today on steps to improve care of veterans here in Hawaii. I should say that I and my colleagues at the Veterans' Administration appreciate the chance we've had today to hear all of the testimony that has been given, and want to assure you, Mr. Chairman, and the other people who have appeared here today that we've listened with great interesst to the testimony. We've also received the full written statements of all of these witnesses and it is our intent to review all of that testimony in detail and we know that that will be very helpful.

As you said in your introduction, here with me at the table are Dr. Vandervort, to my immediate left, who is the Physician in Charge of the Honolulu Clinic here, and then next to him, Dr. Arthur Blank, who has come out from Washington with me. Dr. Blank, in the Central Office, heads our Readjustment Counseling Program. I will make a summary statement now that covers all of the aspects of our veterans' programs and describes some plans for the future, and then we'll be glad to answer questions.

Our mission here, of course, in a unique setting in the Pacific, presents some unique challenges to us in the Department of Medicine and Surgery. The dispersed population, the special medical needs of Hawaii veterans bring, as I say, a special challenge to us. My full statement that you have agreed to incorporate in the record gives many of the statistics about our present range of services here, and I will summarize those very briefly. I think everyone here is aware of the fact that we operate the full-service clinic here in Honolulu. For inpatient services, we depend heavily on Tripler Army Medical Center, but in addition, about a third of our inpatient care to veterans in Hawaii is given through other community hospitals and local private physicians who provide care at VA expense to veteran patients. And then because of a special statutory authority that applies in noncontiguous States, we do have additional ability to finance private hospital care for veterans who reside on the outer islands and in other areas of the Pacific. It is clear that there is fragmentation in the services delivered. That point has been made by many witnesses. That concerns us very much in the Veterans' Administration and we intend to seek ways to reduce the fragmentation in the care that is given. Dr. Vandervort, who directs our clinic here in Hawaii, I think in view of the many challenges we've confronted, has done an excellent job in improving medical care here, and I commend him for that. I think he's also done an outstanding job in enhancing and establishing a very firm relationship with the University of Hawaii Medical School, and that relationship has improved the quality of the care.

As a part of VA planning, Mr. Chairman, we recently established a study group to review veterans' health-care services on the outer islands. In large part, that planning effort was a response to language included at the request of Senator Inouye in the committee report recently asking that the Veterans' Administration undertake a review of the availability of health-care services to veterans in remote locations. That study is well underway, and will be reported to me later this year, and then back to the Congress by the end of this year. In spite of the fact that that study is going on, we are at this moment taking steps to commit additional resources to Dr. Vandervort and the clinic here in Honolulu to assist in the establishment of a mobile team that can visit the outer islands regularly, and this will be done in conjunction with a strengthened program of visits from our Vet Center program that I will comment on in a moment.

Much concern has been expressed today about beneficiary travel, and I want to say a word about that. It's very clear that transportation is a critical element of health care here in the Pacific, and has unique characteristics unlike those that occur in the continental part of the United States. Hawaii veterans who need to come to Honolulu or to the Tripler Medical Center of course rely heavily on air transport for gaining that access. As has been pointed out, the Veterans' Administration has proposed new regulations which reduce the availability of funds, the so-called "beneficiary travel funds". Those regulations, in fact, became effective yesterday, April 13. It is only within the past several weeks that I, myself, became aware of the fact that the regulations that we had published in the Federal Register, in fact, imposed a unique hardship on some veterans here in Hawaii and particularly on the outer islands. As we proposed those regulations, we did go though a public comment period, of course, and we had many public comments made which in fact led to some revision of the final beneficiary travel regulations before they were adopted. Unfortunately, we were not aware, and I apologize for that, of the impact that those regulations would have on the unique situation here in Hawaii. When that was brought to my attention a few weeks ago, I immediately asked my staff to explore in detail the impact of those regulations on medical care here in Hawaii, and I have asked that recommendations be brought to me describing corrective action which may need to be taken. I pledge here my support for taking steps to ensure that the beneficiary travel system of the VA does not impose an inequitable burden on Hawaii veterans.

I do want to comment on our Readjustment Counseling Program. We opened the Vet Center program here in Honolulu in 1980 to assist in meeting readjustment needs of Vietnam veterans here in Hawaii. During those intervening years, some 3,000 veterans have been assisted by the Vet Center staff. The Vet Center, of course, also manages contract programs for Vietnam veterans who reside on the other islands and, in addition, the Vet Center staff from Oahu visit the outer islands to review the activities of the contractors there and the services that are delivered. We have developed a plan which I'm pleased to say will expand and enhance this regular visitation schedule in the near future. We will add staff to the Vet Center program here in Honolulu to accomplish this, and the expanded program with visits to the outer islands will be done in collaboration between our Vet Center staff and our clinic staff, of which I spoke a few minutes ago, to improve the extent to which we seek to bring accessible health-care services and psychological counseling to veterans on the outer islands.

In a broader way, Mr. Chairman, we are, as I said, reassessing all of our plans for overall health-care needs here in Hawaii and the entire Pacific Basin. A number of options, of course, are very clear in that deliberation. First, the plans that we've had for the E-Wing at Tripler; we have, during this visit, reviewed again those plans. But in addition, I think we have recognized that there can be an improvement in the working relationship between the Veterans' Administration and the staff at Tripler through a revisiting of our sharing agreement for both inpatient and support services and that reassessment will get under way.

We are considering ways in which we, in the short-run, might be able to provide some staffing enhancements at Tripler to improve programs there. And we have been aware, of course, of a number of options that might be utilized, particularly in the short term, through lease of private facilities, and during this visit we've had a chance to discuss those.

Each of these several plans, of course, has merit along with some problems, and each needs further exploration. We plan also, of course, as I said, to consider each and every one of the recommendations that have been made here during the testimony during this hearing. There's no doubt in my mind that the Veterans' Administration programs here in Hawaii, and the Tripler Medical Center, need each other in a long-term way, and that this long-term relationship is, in fact, of benefit both to the Veterans' Administration and to the Army. However, it is our clear intent that we study intensively all of the other options that have been made or suggested. There has been a strong suggestion made here at this hearing, and also recently in other ways, that the Veterans' Administration consider the development of a full, independent VA Medical Center here in Hawaii. Such a Medical Center, of course, would allow a more complete range of integrated VA health services in a single facility. This option also requires some intensive review and careful study.

In order to resolve all of these questions and to expedite the development of a plan of action, I will appoint a special Task Force that can build on much of the planning work that has gone on for a number of years, take into account all of the testimony and recommendations here today, consult with specific organizations and individuals that are concerned with these issues, and coordinate the efforts with the additional staff investment that I described making in the short-run in regard to outer islands. It is my expectation that this special Task Force would have a report on my desk within about 3 months of this date. That would allow deliberations to be included as a part of the development of the President's Fiscal Year 1989 Budget. The review that I'm talking about by this special Task Force will be consistent with the specific staff additions I've described at both the clinic and the Vet Center program, and so those activities can go on concurrently.

Mr. Chairman, in summary, I am pleased to, again, have had the opportunity to be here and to make these summary comments to you. My colleagues and I would be pleased to answers any questions that you might have at this time. Thank you very much.

[The prepared statement of Dr. Gronvall appears on p. 225.]

Senator MATSUNAGA. Thank you very much, Dr. Gronvall. We shall be happy now to hear from Dr. Vandervort. Do you have anything to add, Dr. Vandervort?

Dr. VANDERVORT. I would like to at this time personally thank you from the outpatient clinic for bringing your committee to Hawaii. We consider ourselves the advocates of the veterans in the Pacific, and your bringing the group here has been of assistance to this cause, and I'd like to thank you for them.

Senator MATSUNAGA. You're most welcome, and I thank you for being here and your interest. Dr. Blank, have you a statement to make at this time?

Dr. BLANK. Thank you, Senator. I would also like to express my appreciation for this hearing and just, very briefly, I would like to say that I believe I have gotten the message as far as the need for readjustment counseling services for Vietnam veterans on the neighboring islands. It's my responsibility to respond, and I will respond, and it's my desire to respond also because of my own background as a Vietnam vet.

As Dr. Gronvall indicated, we will be adding in the immediate future a staff member to the Honolulu Vet Center, as soon as the individual can be recruited. Arrangements are now under way to mobilize funds to provide for increased travel for the team here. I've met twice with staff from the Honolulu Vet Center since yesterday when I came in. I'll be meeting with them again this evening. I'm especially concerned that the action will go forward and also that it will be done very carefully.

Senator MATSUNAGA. Thank you very much, Dr. Blank. General Major, tell me specifically why E-Wing has been delayed for so long.

General MAJOR. Senator Matsunaga, the initial delay was essentially getting design funding in the late 1970's The construction, I believe, was supposed to start in the early 1980's; I don't have the exact numbers, but there was slippage on the design and approval. As far as the rest of the construction, the contractor has not lost a great deal of time, maybe 6 or 8 months. The second phase of the construction going on at Tripler is renovation. The first part was new construction, and the second, in fiscal year 1985, was renovation. We have to continue to operate a hospital while that's going on, and we need the E-Wing just for standby space until we finish the renovation. When it's completed, we will not need that space.

Senator MATSUNAGA. Now, you seem to indicate that Tripler cannot totally fulfill its obligations to veterans. Do I understand you correctly to mean that?

General **Major**. Yes, sir I cannot guarantee that I can completely fill that obligation. Yes, sir.

Senator **Matsunaga**. And as you know, if you were here earlier, we have heard many complaints from veterans that because of the priority of care system now in place, veterans are not given fair access to or timely care at Tripler. I think you admit this, but say that the additional resources might alleviate the situation. Could it be the case that money, per se, is not the primary issue here, but the fact that maintaining a military system of care with its very important national security mission is incompatible with care for the veterans?

General **Major**. No, sir. I do not think so.

Senator **Matsunaga**. You do not think so?

General **Major**. No, sir. But I am required by law to prioritize care, and as long as I do that, I don't think that the veterans will ever have fair access because they have to be at the end of the line.

Senator **Matsunaga**. So that in the event of a pullback from the Philippines, say, then even if we do develop E-Wing, then this might be reclaimed by the Army for military care?

General **Major**. Senator, there's no plan that I'm aware of to put medical resources from the Philippiness into Hawaii.

Senator **Matsunaga**. Well, but the situation in the Philippines being what it is, supposing we are asked to take our troops out of the——

General **Major**. Well, I thank that the nonmedical planners in the Defense Department will have to make this decision. I think Hawaii is too far from the Western Pacific to serve as a good replacement for either Subic Bay or Clark Air Force Base.

Senator **Matsunaga**. But then, of course, you admitted to the priority which would be necessarily given to the military. Does this mean that the VA really will not have any choice if the military decides that it needs E-Wing for military purposes?

General **Becker**. May I answer that, sir?

Senator **Matsunaga**. Please.

General **Becker**. In the main facility at Tripler, that is probably true. But in the main facility at Tripler, that is probably true. But in E-Wing, a Memorandum of Understanding or agreement was made with the Veterans' Administration that that would become their space. I guess the President could override that agreement, but I would say that that agreement would stand and it would be a veterans hospital.

Senator **Matsunaga**. Yes, well, that is my fear, that under national emergencies, DoD would prevail and the veterans would be out again. And so, what we're trying to do is explore the future possibilities and we've waited much too long and we certainly hate to assume risks which would leave the veterans where they are today. Yes, Dr. Gronvall?

Dr. **Gronvall**. Mr. Chairman, if I may, to expand on General Becker's comments, we're going through that same deliberation at several other locations where we are developing specific arrangements which will result in the Veterans' Administration, in essence, operating a VA Hospital within a larger DoD facility. As General Becker said, if that arrangement is consummated here at Tripler, the E-Wing would become, in fact, a Veterans' Administration Hospital; the beds there would be operated by the Veterans' Administration. Veterans would be cared for by VA staff. That is our intent. In case of an emergency or a national disaster, those beds in the Veterans' Administration wing at Tripler would be really just like the beds in any other VA Hospital throughout the entire United States. By specific statute, the Veterans' Administration plays a defined role as a contingency medical backup to the Department of Defense, and on a global basis, through our entire VA system, we have commitments in case of a national disaster to make available a certain number of beds in the VA system to provide care for casualties. But I could assure you and the veterans of Hawaii that the kind of agreement that we are working toward in E-Wing at Tripler would see those beds, those VA beds at Tripler, operate on the same basis of priority for veterans as beds in any other VA Hospital and also be subject to the same potential that, in the case of a national emergency, all of the VA beds, as part of statutory responsibility, would be called into a partial role as a contingency backup to the Department of Defense. So, the specific responsibilities for our beds here in the VA wing at Tripler would be the same as VA beds in any VA Medical Center throughout the United States.

Senator MATSUNAGA. I'm trying to assess the risk involved; whether the risk would be greater if we went into the development of E-Wing than if we went into the establishment of a separate VA Hospital. That is what I'm trying to determine here.

Dr. GRONVALL. Well, my opinion on that is that the VA is operating a bed contingent in the E-Wing of Tripler or a bed contingent in a separate VA freestanding hospital somewhere here in Hawaii. The responsibility of the Veterans' Administration to participate in assisting in the care of casualties in time of a national disaster would be the same, so there is no greater risk if the Veterans' Administration's beds happen to be in a building on the campus of Tripler as contrasted to a VA Medical Center, separate and freestanding.

Senator MATSUNAGA. So that, if I understand you correctly, an agreement between DoD and the VA could place the E-Wing, say, of Tripler at no greater risk than at a regular VA Hospital?

Dr. GRONVALL. Yes, sir.

Senator MATSUNAGA. I see. And, of course, the next question is: Will the VA go into such an agreement with DoD if it decided to develop E-Wing?

Dr. GRONVALL. That's been the whole basis of our planning for the development of a VA facility at Tripler, and so what I'm saying here does not represent really any new expression of intent. It has been the basis of all of the discussions we've had with the Army as the renovation project has gone forward at Tripler, and we've looked forward to that kind of development there.

Senator MATSUNAGA. Now, as you sat here patiently, practically all of you, many veterans with PTSD have complained that admission to Tripler reminds them of the trauma they experienced in wartime, because of the military connection, and that because of that military connection and their emotions, their feelings associated with the military experience, their symptoms are exacerbated. Now, do you believe that this disparity can be overcome, even if we do go into the development of E-Wing? As a physician, what is your feelings on that? Dr. Gonvall?

Dr. **Gronvall**. Mr. Chairman, I'll make a brief comment on that, and then ask either Dr. Vandervort or Dr. Blank to expand on it. I certainly, as a physician, understand the expression of concern that's been made. It would be my judgment that a Veterans' Administration Hospital, and I use that term, operated in the E-Wing renovated at Tripler, would in fact ameliorate at least many of those concerns since that facility would be operated by the Veterans' Administration, staffed by VA physicians, and so to that extent, the admission of a veteran to that VA facility at Tripler would be similar to the admission of a veteran to any one of the other VA Medical Centers. I'd be glad to let either Dr. Vandervort or Dr. Blank expand on that.

Dr. **Vandervort**. We had discussed the option of having a 4 to 6 bed PTSD ward at Queen's regardless of where our primary hospital could be, so if we, in our experience, find out that a PTSD unit should be in the civilian sector, we could, through our sharing agreement with our affiliation with UH, arrange that separately.

Dr. **Blank**. What makes for successful inpatient treatment of Post Traumatic Stress Disorder is a staff who are expert in their knowledge and understanding of the condition, and also a reasonably large percentage of combat veterans on the staff of the unit. It's become fairly clear in the last 4 or 5 years that these are the critical factors. I would say that, in general, it would be important for the milieu to be other than an active duty milieu.

From my point of view, the contingency that Dr. Vandervort just referred to might be quite important.

Senator **Matsunaga**. Now, of course we've had promises of completion of the E-Wing for years now. As I stated in my opening statement, I first suggested it in 1975. Then, of course, the contract was entered into in 1981 and nothing was done. And then, a new contract was just recently entered into. I'm wondering what the best case and worst case scenarios of the timing, of completion of the construction, of the renovated E-Wing will be.

General **Becker**. For the best case, the estimate is either very late 1989 or the first day in January 1990. That's when we turn it over to the VA. That's the best case.

Senator **Matsunaga**. That's the best case, which means that the construction will then begin or not begin. Is that 1989 or 1990? Because that's when you are turning it over to the VA, right?

General **Becker**. Right. When construction begins is dependent on if the design is ready, if the Congress has appropriated the money, all of those things in order for the VA to begin their renovation of the unit. And so, I don't have the estimate at my fingertips for when that might be completed.

Senator **Matsunaga**. Your best scenario as to the time that the VA may occupy and admit veterans as patients in the E-Wing, that's the date I want. The best and the worst.

Dr. **Gronvall**. Mr. Chairman, our staff at the VA has reviewed the steps that would be necessary to complete the planning for the renovation and then carry out that construction, and that was the estimate that you referred to earlier this morning, that it would be sometimes early in 1994 before that completely renovated wing could be ready to be opened, staffed and admitting veteran patients to the facility.

Senator MATSUNAGA. Supposing we go into the construction of a separate hospital, as was suggested by some of the witnesses today, as a Veterans' Medical Center with all the necessary services. What would be the earliest possible date?

Dr. GRONVALL. I don't have any specific answers to that. I think to give a response to that is something that I should do in writing as a followup to the hearing. But the complexity, both planning, gaining approval for and gaining the site and the other steps necessary to create a freestanding medical center is a very complex process. The VA has not had much experience in that recently because, basically, we've not been building additional new, freestanding medical centers. We do a lot of construction, but it is in recent years fundamentally the reconstruction of obsolete hospitals that we already own and operate. We are going through the process in Florida, Palm Beach County, Florida, of acquiring a new site, planning and building a new hospital from scratch. What I would prefer to do would be, as I say, as a followup to give you an estimated timetable that can be based on the experience, to date at least, in Florida. But that's a long process from start to finish because it involves a lot of planning, incorporation of the request in the President's budget, congressional action, review of potential sites. Provisions of law also require us to give formal consideration to purchase of existing facilities or lease of existing facilities, and that requires a public solicitation and review of other alternatives. So the process of planning and building a new, freestanding medical center is a long and complicated one.

[Subsequently, the Veterans' Administration furnished the following information:]

Based on current experience with planning for the new VA Medical Center at Palm Beach County, FL, the time frame required for completion of a freestanding medical center for Hawaii is about 7½ years.

The 7½ year time frame includes about 3 years for planning and budgeting activities, 1½ years for planning for design and award, and 3 years for construction.

The earliest that a project could be proposed would be in the Fiscal Year 1989 budget for Advance Planning Funds. Based on that assumption of funding, the earliest date for completion would be 1995. This assumes that there would be no serious delays during any of the steps of the development process, that the project would be supported through the Agency's prioritization methodology for construction projects applied on a nationwide basis and that the project would be within the resource constraints established for construction on a systemwide basis.

General BECKER. May I comment?

Senator MATSUNAGA. Yes.

General BECKER. I don't know how long it'd take to do this one, but I can tell you a little bit about DoD hospitals we build, specifically the Army ones, because I used to testify for their construction. I generally takes about 10 years. Now, with congressional support, considerable congressional support, one can cut 3 years off of that. And that's when you've got to start from scratch to design it. That assumes that you have the land. So, you design it and get that approved by the necessary processes; they may be less cumbersome in the VA, I don't know. This is all due to the laws and the requirements that we all live under. Then you get the money from the Congress through the budgetary process. The budget for 1989 would be the first budget you could even consider doing anything in, and you'd have to be at 35 percent design. I would say you couldn't be there before 1990, the 35 percent design to get an approval on that budget. And so then, after that, you're talking about 4 to 5 years of construction.

Senator MATSUNAGA. Inasmuch as Hawaii and Alaska, are the only two States without a Veterans' Administration Hospital, perhaps Congress might consider expediting action on one if that is the route we wish to go. Of course, whether that is the route we wish to do—whether we would go the E-Wing way or whether we should go into a leasing agreement—can only be decided by the committee after reviewing the testimony of today, and perhaps by holding future hearings in Washington and getting further facts from both the DoD and the Veterans' Administration, as well as from the private sector. But my primary concern, of course, is getting to those who are in need of acute care. The immediate care of those who are in need, while we plan for long-term provisions such as the E-Wing or a separate hospital. But it has to be, in the interim, a solution which we can come up with which will meet the problem that veterans of Hawaii face today not faced by veterans anywhere else in the United States. It really concerns me, and listening to the testimony today confirms what I'd been led to believe by the hundreds of letters that I have been receiving from veterans and their families as to the lack of care for veterans here in Hawaii. So, of course, we will be working together still toward an earliest possible accomplishment of what needs to be done. I certainly will be looking forward to cooperation from both the DoD and the VA, and hopefully we will be able to provide, really, what the veterans do deserve. Because here is a case where the veterans have already paid their dues in advance. It's not like a retiree who is getting his retirmeent after he's retired. Of course, the retirees in the case of the military get, I understand, preference at Tripler over the veterans. That disturbs me because the veterans have paid their dues.

Well, I can go on and on, and I certainly appreciate your having remained in the audience to listen to what the veterans had to say. I had some other questions here, and if you don't mind, I'll pose them to you and you may respond as you see fit whether they're for the Army or for the VA. Does the Army or the Defense Department care what level of beds the VA places in the E-Wing at Tripler?

General BECKER. No, sir. Do not care. They can put long-term care beds in there, whatever, it will be a VA facility.

Senator MATSUNAGA. Fine. Now, this morning we heard many complaints from veterans about the quality, and low priority of care veterans receive at Tripler. I'd appreciate your comments on these kinds of negative feelings by veterans about care at Tripler, Dr. Gronvall and General Major. What has been the reaction, if any, of previous reports on such lack of care on the part of veterans at Tripler?

General MAJOR. Senator Matsunaga, the accessibility of care, as we have discussed, is out of my hands. I'm required to prioritize it. As far as the quality itself, I want it to be the same. We have a very, very active quality assurance program. We correct the problems when we find out about them. If we hear of a health-care provider or any of our employees not doing what they're supposed to do, if I know who it is, we take care of it. We have fired people and taken action on that. If I find anybody who thinks that the veterans are different than the retired or the active duty, they're not going to work for us very long.

General Becker. May I comment on that, sir?

Senator Matsunaga. Yes, certainly.

General Becker. It became very clear over the past few years that we've kind of gotten away from caring about the patients as much as we should have, and we've had an extensive campaign ongoing to fix that. My plea is to those folks here, since there must be an interim fix to this problem as I see it, that is, there must be some way to take care of the acute care needs of veterans until either a full size hospital is built or E-Wing is finished, that we do the best we can at Tripler for the veterans. Negotiate a new agreement with the VA which provides the money to the local hospital, which the current agreement does not do now. And that we demand from our staff that they treat our veterans with respect. Now, the veterans here and the organizations must help us. They must let us know when there is a problem.

Senator Matsunaga. You've heard from them today, and I hope the veterans who are in the audience still will continue to let you know and become the squeaky wheel that gets the grease.

General Becker. What I mean by that, of course, is that if someone goes to the emergency room and they're not getting taken care of, they get somebody down to the Commander's Office right then and get some satisfaction. But if you wait till it's all over, it's too late.

Audience Member. Do you have a business card?

General Becker. You're free to write me anytime, which many people do.

Senator Matsunaga. Please, no comments from the audience. I think, in order to expedite this, we might be able to do without comments. Of course, it might be good for laughs once in a while. Now, Dr. Gronvall, to synthesize some of the principles that I draw from today's testimony, I feel, first, that Hawaii's (and I hope you agree with me) veterans require and do deserve much more VA health-care services than they are now getting. Agreed?

Dr. Gronvall. Yes, sir.

Senator Matsunaga. Second, that means VA inpatient services, including PTSD beds, rather than contract or sharing services, as at present.

Dr. Gronvall. It's clear, it's easy for me to agree that it's a clear objective that we need a higher level of inpatient care provided by the VA in Hawaii. The reason I was hesitating is that at the tail end of your statement, it sounded like you wanted to exclude even the potential use of any contract care, for example, for something such as PTSD. Earlier, Dr. Blank was commenting that that option is one that ought to be explored, and I would not want to exclude that. That's why I was hesitating.

Senator Matsunaga. No, fine. OK. Now, third, it also means an expansion of outpatient services on a regular basis to the neighbor islands.

Dr. Gronvall. Yes, sir.

Senator Matsunaga. Fourth, it also means bringing psychological readjustment counseling to neighbor island Vietnam era veterans by VA satellite centers and not just be traveling teams alone.

Dr. Gronvall. Mr. Chairman, I am not prepared to make a specific commitment that we will establish satellite centers on the outer islands. As I said in my statement, we have agreed to augment the staff in the Vet Center program here in Honolulu and provide travel funds that will assist in their program of regular visits. A plan for or a projection for establishing formal VA satellites of our Vet Center program on any of the other islands would need to await the 3-month study that I described that will take into account all of these options and come up with a consolidated plan and a set of recommendations.

Senator Matsunaga. Now, fifth, it also means VA support of long-term beds, perhaps through the State Home Program.

Dr. Gronvall. Yes, sir, and I think one of the very positive things that impressed me today was the strength and statement of support for seeking a State Home for veterans here in Hawaii. That's a new level of interest and expression by the State of Hawaii that we were extremely pleased to hear, and we look forward to working very actively with the State of Hawaii on the steps necessary to develop plans for a State Home. Our own projections included in our long statement describe the need for nursing home care beds, and we were very pleased to hear that commitment and look forward to working on that.

Senator Matsunaga. And sixth, it means a beneficiary travel policy that takes into account the reality of Hawaii's island status.

Dr. Gronvall. Yes, sir. I indicated that I would be prepared to support whatever change is needed or whatever steps are needed to ensure that there is equity in impact of our beneficiary travel program on the continental United States and here in Hawaii. The situation is different in Hawaii, so I don't know what that step will be, but I asked my staff to develop such recommendations.

Senator Matsunaga. Would you go so far as to recommend the immediate suspension of the new regulations as they relate to Hawaii?

Dr. Gronvall. I do not have the authority as an Administrator to suspend rules that have been promulgated by the Administrator of Veteran's Affairs and published in the Federal Register. So, even if I wanted to do that, I don't have the authority to do that.

Senator Matsunaga. No, but my question is: Would you go to the extent of recommending to the Administrator a suspension of the regulations and have him immediately take steps to do what you request?

Dr. Gronvall. Well, whatever recommendation is brought to me that will rectify the inequitable impact of these rules on Hawaii, I'm perpared to recommend. If that's the way that that would have to be done, then I would recommend that.

I should make a background comment on beneficiary travel, again, perhaps, just for the accuracy of the total record. During the last fiscal year, 1986, total support for beneficiary travel provided by the Veterans' Administration came to about $106 million. In the President's budget for 1987, the year that we're now in, we add only $10 million indicated in the budget for beneficiary travel. Our own recommendation out of the Department of Medicine and Surgery, based on intensive review of the needs for beneficiary travel, our recommendation was that that kind of cut would really be unworkable, so we proposed the expansion of the beneficiary travel program above the $10 million level, published the first set of proposed regulations, went through the public comment period, made some additions to the beneficiary travel program on the basis of those public comments, and the final, adopted set of regulations that we started living under yesterday would translate to an annual cost to the VA of about $55 million a year. So, in that context, our total available support for beneficiary travel has been about cut in half. In that context, then, I can't pledge with honesty that it is likely that the entire beneficiary travel support program that existed here in Hawaii up until yesterday is going to be restored, because all veterans throughout the entire United States are having a reduction in the available support that we can provide for beneficiary travel. But my commitment is a very clear one to take into account the unique characteristics of Hawaii and ensure that we haven't inequitably taken that reduction here in Hawaii.

If I may, Mr. Chairman, add another word or two. I want to thank particularly the Disabled American Veterans organization. I think probably most people in the audience know the DAV, really on a national basis, has proposed a so-called "Transportation Network", DAV Transportation Network, as a voluntary effort of that service organization to be operated through the volunteer service of the VA, as a result of which DAV has pledged support to step in to lend a hand to veterans who need transportation assistance to get to a clinic or to a hospital. It's clear that this voluntary effort will not replace the $50 million or so that the Veteran's Administration is reducing in its support, but the voluntary effort can provide, I think, much needed assistance. I was extremely pleased yesterday to confer with officials from DAV here in Hawaii and receive their assurance that they are well aware of the immediate problem that this travel reduction is creating here in Hawaii, and to hear them state their intent that they hope to step in during this period of time that it's going to take us to revisit the question and make some changes in VA rules, so that the DAV can provide some support to the most difficult cases where unavailability of travel support during the next few weeks or months would interfere with the availability of medical care. I think that's another splendid example of the strong collaboration between the service organizations and the VA in ensuring care for veterans.

Senator MATSUNAGA. I can understand on the mainland where they have the plain service, what do they call it? Mobile vans, they're called. But here with going from one island to another only by plane, I don't know how many DAV pilots there are. But, of course, I appreciate your recognition of the uniqueness of the situation here in Hawaii even to the point of recommending at least an exception, and exemption, from the new regulations for Hawaii.

Dr. GRONVALL. I didn't have time yesterday to explore in detail what the local DAV plan is. I believe that primarily they will attempt to provide some reimbursement in the most difficult cases where veterans need to use air transportation from one island to another in order to gain care. Again, these were local DAV people who were saying that they intended to step forward and do whatever they could, and I thank them for it.

Senator MATSUNAGA. The transportation problem also brings to mind the fact that VA is sending veterans needing PTSD inpatient treatment to Menlo Park, California or American Lake, Washington. In this regard, don't you agree that this is not a satisfactory way to treat someone who may have a totally different ethnic background than the other patients at these units 3,000 miles away from Hawaii, from the Hawaii veterans' home? You can't get poi up there!

Dr. GRONVALL. Mr. Chairman, it's certainly not optimal, in any case, for anyone to have to receive medical care of any sort many thousands of miles away from home. My understanding is that a very small number of veterans from Hawaii, one or two every few months, has been referred to one of our specialized centers, as you said, because we do not have such a specialized center here in Hawaii. Dr. Blank commented on the factors in those specialized centers, where there are expert staff, particularly combat veteran professionals who are well familiar with PTSD as a medical problem, and all of the staff and backup necessary to provide the best possible care. And so it's been our judgment that, in those cases, it's better to fly the veteran to one of those specialized centers and provide the care, even though that is clearly less desirable than being able to do it close to home.

Senator MATSUNAGA. What puzzles me, and correct me if I'm wrong, but I've been told that the VA pays transportation for the veteran to Menlo Park, but does not pay for the return fare. Now, what would be the basis for such a one-way transit policy?

Dr. GRONVALL. I believe, Mr. Chairman, that that is not accurate.

Senator MATSUNAGA. It is not?

Dr. GRONVALL. My understanding is, and I think this may be the source of your information, that when such a veteran is transported from Hawaii, say to Menlo Park, the airfare from Hawaii to California is paid for by the VA here in Hawaii. The return fare is paid by the VA facility in California. But the Veteran himself or herself is not required to pay the airfare either way.

Senator MATSUNAGA. Is it a requirement on the part of the California VA to pay for the return trip?

Dr. GRONVALL. Yes, sir.

Senator MATSUNAGA. It is?

Dr. GRONVALL. Yes, sir.

Senator MATSUNAGA. How would a veteran go about applying for that, or how would the veteran know about it? Is he told about it, and is he granted assistance in filing the application for that return fare?

Dr. GRONVALL. I believe the answer to that is "yes", but I should ask Dr. Vandervort, perhaps.

Dr. VANDERVORT. If he discusses his return to Honolulu with his caseworker, that would be worked out at the time. We recently had a veteran who left Menlo Park abruptly and bought his own ticket and came to Honolulu. When he brought it into the clinic, we reimbursed him for his airfare.

Senator **Matsunaga**. Oh, you did reimburse him?

Dr. **Gronvall**. Again, Mr. Chairman, I should emphasize that even though our beneficiary travel program overall has been reduced this year, interfacility transfers, and that's what you're really describing, is a part of that program. So whenever the VA makes a decision that a veteran needs to be moved from one VA facility to another, we pay the transportation both ways in order to provide that specialized care. And, of course, there are many such instances, particularly in regard to highly specialized services. Heart transplant is the best example. We have only a couple of places in the country doing heart transplantation operations, and in any instance where a veteran from any part of the country is flown to one of the Centers where a heart transplant is done, we pay the transportation costs both ways as part of the medical care that's provided.

Senator **Matsunaga**. I see. Now, regarding the expanded outpatient services for the neighbor islands on a regular basis, what can be done on this score, and how soon? This is a very grave question as far as the neighbor islanders go.

Dr. **Gronvall**. Yes, sir. Let me ask Dr. Vandervort to comment on that.

Dr. **Vandervort**. The outer island program, the clinic has agreed for some time that this should be expanded, and we've discussed it as early as 1978. Now, our plan is to send a professional psychiatrist or psychologist monthly to the outer islands. I was encouraged to hear Dr. Lewin state that we could use some of their facilities, and we would expect if the outreach contractor and the State office could be a contact so when our traveling person came, that he could use that facility. It is our expectation that, as this program develops, we could expand it from one person per month to each island, perhaps to two, and see where that leads us.

I would like to call your attention to the problem in American Samoa and Guam, as well as the neighbor islands. I feel they should get a similar type program, and we're working toward that end at the same time.

Senator **Matsunaga**. Could you, Dr. Vandervort, provide for the record the numbers of such neighbor island visits during fiscal years 1985, 1986, and 1987, and the personnel involved in each, and the costs of such visits?

Dr. **Vandervort**. Yes. At the moment, our routine is I go to five islands once a year—the three larger neighbor islands, Guam and Samoa. Our chief social worker goes twice a year to each neighbor island. For about 6 months, we've sent a therapist monthly to Maui. The Department of Veterans Benefits has a separate schedule, so they send their people on a separate schedule which I do not recall, but we can add for the record. As we expand our program, as I just told you, we then would be able to send a therapist to each island monthly.

[The information requested appears on p. 241.]

Senator **Matsunaga**. Thank you. And whatever you can provide for the record as to the cost, I would appreciate.

Dr. **Gronvall**. Yes, Mr. Chairman, we'll do that. I referred earlier to augmenting the staff both at the clinic and at our Vet Center program, and we will supply in writing more specific details about that and the timetable for its implementation and the plans as an extension of the comments that Dr. Vandervort was just making.

[Subsequently, the Veterans' Administration furnished the following information:]

VA staff visits to the neighbor islands, Guam and American Samoa during fiscal years 1985, 1986, and 1987 have been as follows:

	Fiscal year—		
	1985	1986	TD 1987
DM&S:			
Number of travel episodes	28	19	11
Total cost	$8,529.00	$5,706.20	$4,354.68
Number of travel days	63¼	45	25½
DVB:			
Number of travel episodes	36	41	21
Total cost	$18,738.94	$20,698.06	$9,425.54
Number of travel days	135¼	142½	59½

The mileage and the estimated time and cost involved in neighbor island visits is as follows:

Location	Miles		Travel time (O/W)		Cost R/
	(O/W)	(R/T)	(Hours)	(Minutes)	
Hawaii (Kona)	169	338		33	$58
Hawaii (Hilo)	217	434	1	15	62
Kauai (Lihue)	102	204		26	54
Kauai (Hanalei)	117	234		50	54
Maui (Kahului)	101	202		27	54
Maui (Hana)	128	256		32	63
Lanai	74	148		28	54
Molokai	64	128		21	54
Guam	3,800	7,600	7	30	650
American Samoa	2,612	5,224	5	30	450

There has been supplemental staffing provided to the Honolulu clinic in fiscal year 1987, which will allow for an increase in the number of staff and frequency of visits to the neighbor islands. The travel costs associated with these visits will be covered by the Western Region Office. More detailed information about the traveling team concept and services to be augmented will be incorporated in the report of the Hawaii Veterans Health Care Task Force.

Senator **Matsunaga**. Thank you very much. Now, we also need VA-supported long-term care beds on Hawaii. If the Legislature came up with one-third of the funds for a State Home nursing facility, how would such an application for Hawaii be likely to be rated under the new July 1 criteria for VA grants to the States for State Home projects?

Dr. **Gronvall**. Mr. Chairman, I can't give you the outcome of such a review, because the review of State Home applications, under the law, depends on review of the actual application and evaluation of a number of criteria before the Veterans' Administration acts on it. And so all of that would have to be done in dealing with an application. But the State Home program of the VA has been strengthened. We were successful in this year's budget in gaining approximately double the amount, compared to the prior year, in VA funding to be made available for the Federal share of the State Grant program, so it represents a major expansion of this initiative. There is also new legislation just passed within the past year that restructures some of the criteria for judging those applications, and so an application from Hawaii would fall under that new statutory review process. We would look forward very much to working with the State of Hawaii on the development, submission, review and approval of such an application and construction of a State Home in Hawaii.

Senator MATSUNAGA. Regarding the special study group on the neighbor island veterans that you described on page 6 of your prepared remarks, you note that there won't be a report to the Congress until the end of this year. Can't we speed that process up by at least a few months?

Dr. GRONVALL. The group that you're just referring to had been established as a response to the request in the committee language in our current year appropriation. At the end of my statement, I described a planning task force that would be given a 90-day timetable to come back to me with recommendations. That accelerated task force, then, is about to be put into palce. It will capitalize on the work being done by this broader task force, and all of the planning that's gone on. As you saw in my long statement, our Regional Office last summer conducted site visits here and, in collaboration with the clinic, did a good deal of planning. So, I think a lot of background work has been done, and it is my intent to now designate a new, specific, small task force to capitalize on all of that and come back with a set of recommendations of that study to be incorporated in the deliberations on the 1989 budget request.

Senator MATSUNAGA. Of course, this would include neighbor islands?

Dr. GRONVALL. Yes, sir.

Senator MATSUNAGA. Dr. Gronvall, what is your assessment of the Queen's Hospital option, at this point, for VA inpatient beds?

Dr. GRONVALL. I'll make some general comments about that. We visited Queen's yesterday. I was also familiar with the Queen's Medical Center, having visited it previously in the context of reviewing there the collaborative programs with the University of Hawaii School of Medicine. So, Queen's was not a new experience for me. I'm impressed with the quality of the Queen's Medical Center. I was very impressed with the responsiveness, openness and interest of Mr. Pritchard and some of his staff that we met with yesterday, and their willingness to undertake, in a serious way, deliberations with us about the pros and cons of creating, perhaps as an interim measure, some VA beds at the Queen's Medical Center. So that deliberation needs to go on.

It's clear that there are a number of serious questions that would have to be addressed, but that's always the case when two large, complicated organizations look for a way to work together.

Senator MATSUNAGA. You, no doubt, will be making cost estimates on both the Queen's Hospital proposal and the Triper Hospital E-Wing?

Dr. GRONVALL. Yes, Sir.

Senator MATSUNAGA. How soon do you suppose you could get us the cost estimates?

Dr. GRONVALL. It would be my intent to have that work all done as a part of the special task force effort that I referred to during the next 90 days.

Senator MATSUNAGA. Fine. We would certainly appreciate those figures. How soon can you come to a judgment on whether to pursue an option at Queen's and, if so, whether or not to pursue a short-term or a long-term solution, or both?

Dr. GRONVALL. I think the earliest time I'd be prepared to make such a recommendation would be 90 days from now, at the conclusion of the planning effort that I just referred to.

I should say that we would, of course, consider not only Queen's, but any other community hospital that might be interested in developing such an option with us. That consideration would not be just made at the Queen's Medical Center.

Senator MATSUNAGA. Dr. Vandervort, could you provide us with your views on the issue of suppressed demand, and whether 100 or so VA acute care beds and/or 60 or so extended care beds would, if developed, be effectively utilized by veterans here in Hawaii?

Dr. VANDERVORT. There is no question in my mind, in my opinion, that there is significant suppressed demand in Hawaii. I feel, if we have our own facility, that that suppressed demand would come forward. Another thing I base that on is, when I came here in 1975, the outpatient clinic was in four floors over Little George's Restaurant, and moving into the Federal Building in an adequate facility with adequate staff, our numbers increased fourfold. So, I feel there's no question about a suppressed demand, and I feel the numbers you gave would be a fair approach to the true nature—90 acute beds and 60 nursing home care beds, that, in my judgment, is very defendable.

Senator MATSUNAGA. Dr. Gronvall, the Vietnam veterans of Maui have provided a very thoughful set of six recommendations with their prepared testimony, as you heard this morning. Could you please provide, for the record, a full response to each of these recommendations, as well as to the recommendations in the report made by the VA psychologist, Dr. Rod Torigoe, on September 3, 1986?

Dr. GRONVALL. Yes, sir, we'd be pleased to do so.

[Subsequently, the Veterans' Administration furnished the following information:]

I have set up a special Task Force to review the health-care needs of veterans in the Hawaiian Islands and Pacific Basin, This group will be considering the recommendations of the Vietnam veterans of Maui, as well as the concerns and recommendations expressed by others at the hearing. The Task Force report will be submitted to me in mid-July, and I will inform you of their findings soon thereafter.

Senator MATSUNAGA. Fine. Thank you. Now, my understanding is that no substance abuse treatment through contract community-based residential treatment centers is currently approved by the VA for Maui. Is that the case?

Dr. GRONVALL. Dr. Vandervort, I think, would have to answer that.

Dr. VANDERVORT. We have a drug/alcohol counselor who is a Doctor of Psychology who works in our clinic. We have contracts with various alcohol and drug Programs, such as DASH here in Honolulu. Entrance to that avenue is the same as the entrance to any of our medical programs, so that if the veteran on Maui needed residential alcohol care, he could be brought to Honolulu and put in a program here. I've asked out alcohol counselor to form a contract with every alcohol or drug abuse contractor in the State that meets our criteria, to make it easier to provide this treatment on the neighbor islands.

Senator MATSUNAGA. You know about Aloha House program, then?

Dr. VANDERVORT. I visited Aloha House some 5 years ago, and the VA has initiated negotiation of an alcohol treatment contract with them. This action has the concurrence of our VA alcohol rehabilitation specialist.

Senator MATSUNAGA. Because that has not been approved here.

Dr. VANDERVORT. It has not been disapproved by me.

Senator MATSUNAGA. But it needs to be approved.

Dr. VANDERVORT. I would be delighted to have a contract with Aloha House.

Senator MATSUNAGA. Could you then send Dr. Hall or someone to——

Dr. VANDERVORT. I noticed in the Maui Veterans' report, they stated I wouldn't give Dr. Hall money to go to Maui. My viewpoint is that any of our therapists who go to Maui can check out Aloha House and arrange a contract, so that's a nonproblem, and we can do that.

Senator MATSUNAGA. Will you do that?

Dr. VANDERVORT. Yes, I'd be happy to do that.

Senator MATSUNAGA. Dr. Vandervort, what would your views be on the advantages or disadvantages of retaining the Vet Center in its present, separately identifiable location, as opposed to moving it to the Regional Office where the outpatient clinic is located?

Dr. VANDERVORT. I would be personally pleased to work with the Vet Center either way. I'm going to leave it up to the Vet team leader; whether he wanted to remain in the community or come into the VA clinic. So, I would be happy to do that either way.

Senator MATSUNAGA. Do you see advantages for the VA?

Dr. VANDERVORT. The advantage of this remaining in the community is that veterans who do not feel comfortable in the Federal Building can visit him in the community. If the outreach team is in the Federal Building, it is closer to the other therapists and the communication is easier. But, it's up to the outreach team and the veterans who go there.

Senator MATSUNAGA. Dr. Gronvall, do you believe that the VA itself has the capability of analyzing Hawaii's unique ethnic, cultural population among veterans?

Dr. GRONVALL. Yes, sir, I certainly do. But anytime we tackle an issue of analyzing health-care needs of veterans, we don't do that strictly within the resources of the VA; we depend on the assistance of veterans' service organizations, State health agencies, the staff of congressional offices, other constituency groups. So my answer is said in the context that I see no reason that the VA cannot, with that kind of assistance, fully come to grips with the unique characteristics and unique opportunities that Hawaii and the Pacific Basin create for health care.

Senator MATSUNAGA. There is nothing to prevent you from consulting with the University of Hawaii about making a study of this phenomenon?

Dr. GRONVALL. Absolutely not, and in fact, as has been testified, we are working in close collaboration with the university. That's been a very mutually beneficial relationship. I am personally acquainted with a number of faculty members at the university whose professional competence is exactly in the area that you're describing, and we can fully take advantage of the assistance of the staff from the university and would do so.

Senator MATSUNAGA. Then if it's not asking too much, could you report to us of any consultation your representatives, that is, your new task force, have had with the University of Hawaii?

Dr. GRONVALL. We'd be pleased to do so.

[Subsequently, the Veterans' Administration furnished the following information:]

The Chairman of the Task Force, Miss Marjorie R. Quandt, as well as other representatives, will be meeting with University of Hawaii officials to consult with them regarding the necessary analysis of Hawaii's unique ethnic, cultural population. We intend to learn as much as we can about the health-care needs and utilization patterns of veterans in the Hawaiian Islands.

Senator MATSUNAGA. Fine. The Office of Hawaiian Affairs mentioned in its testimony today that the VA is the only Federal agency that does not recognize native Hawaiians as native Americans. This seems to be indicative of the VA's general failure to understand Hawaii's ethnic and cultural heritage. What can be done to ensure the appointment of a member, rather than an observer, to the VA's Advisory Committee on Native American Affairs?

Dr. GRONVALL. I can't answer that with specificity. I was unaware of the statement that was made, of course, until I heard it. Some time ago, I reviewed the correspondence we had had regarding the committee that was formed in response to that legislation. I only remember that in a general way, and I would surely be pleased, as a result of your question, to revisit that issue and see whether that would be feasible, appropriate, and consistent with the statutory intent of that committee as it was established.

[Subsequently, the Veterans' Administration furnished the following information:]

Establishment of the VA Advisory Committee on Native American Veterans was required by section 19032 of Public Law 99-272. The purpose of the Committee is to examine and evaluate programs and activities of the Veterans' Administration with respect to the needs of veterans who are Native Americans, including American Indians and Alaska Natives. Legislation requires Committee to submit its final report to the Administrator by February 1, 1988.

Consultation with the General Counsel has determined that the primary intent and focus of the legislation is the provision of services to veterans who are within the tribal structure and geographic areas of North American Indians and Alaska Natives. This is consistent with the Office of Personnel Management classification of Native Americans as including North American Indians and Alaska Natives.

While it has been determined that issues relating to Hawaiian Americans are not within the jurisdiction of this Committee, it is recognized that unique factors related to the availability, accessibility and utilization of VA health-care services by veterans of Hawaii and the Pacific Islands are of concern and will be addressed through a review of the VA service delivery system with appropriate representatives of constituent veteran groups, service providers, key island representatives and legislative staffs. In addition, findings and recommendations of the VA Advisory Committee on Native American Veterans will be shared with the Office of Hawaiian Affairs to facilitate problem-solving on joint issues. A copy of the first Committee Report was forwarded to Mr. Kamuela (Sam) Apuna, Director, Office of Hawaiian Affairs on April 3, 1987.

Senator **Matsunaga**. I understand the Maui veterans have asked for a list of those physicians who will agree to provide care in return for VA reimbursement, but have been denied such a list. Is this so, and if so, why is this information denied when similar information is publicly available regarding Medicare for physicians who agree to accept assignment under Medicare as full payment of their fees?

Dr. **Gronvall**. Let me make a general comment, and ask Dr. Vandervort for specific information. The VA does not, anywhere in the United States, have a list which we make available of physicians who are authorized to provide care and receive a fee from the Veterans' Administration. The basis of our fee-basis program is that the veteran selects a physician of his or her choosing, and if the eligibility of the veteran is such the fee-basis can be reimbursed by the VA, we then make a payment to the physician. So, we don't do that before the fact on the basis of an authorized list of physicians.

Dr. Vandervort, you may want to comment on that in regard to Hawaii.

Dr. **Vandervort**. No one has asked me for a list of the physicians that treat veterans, but each year, when I go to the outer islands, I visit physicians, and some of them come and go. One year they will; one year they don't. New physicians come. It's an ongoing, changing thing. Depending on "I will see him if I can admit him to this hospital", and "He doesn't want to go to that hospital" kind of an ongoing dialogue. But I don't see the value of such a list. We would like each veteran to go to his personal physician. And if his personal physician won't treat him as a VA patient, then I would be glad to talk to the physician and find out why.

Senator **Matsunaga**. I already mentioned of the presence in the audience of former Congressman Burt Talcott, who went to Congress with me in the 88th Congress, who has since retired from the Congress and joined the more interesting, I suppose, Veterans' Administration. I want to thank him for his interest for the record, to the extent that he has been sitting in the audience throughout the entire hearing. I thank you, Burt, for your interst. Inasmuch as he is the Congressional Liaison between the Congress and the Veterans' Administration, I do hope that once the committee decides what it will recommend to the Administration and once the VA decides what it will do, then we will get that communication as quickly as that decision has been made. Hopefully, we can resolve this problem, which has been plaguing the veteans of Hawaii for much, much too long.

As a matter of fact, during the recess for lunch, a World War I veteran came up to me. I don't know whether he's still in the audience or not. Mr. William Keller, will you stand up and take a bow?

Mr. KELLER. May I please say one word?

Senator MATSUNAGA. Please. Go ahead.

Mr. KELLER. We are very grateful to you, Senator, for your interest in veterans' affairs. I was asked whether I wanted to make a comment at this session today, and I indicated that I didn't want to because I couldn't think of anything nasty or anything bad or anything untoward to say. We're very, very happy, we World War I veterans, for what we have. As you know, we want very little, or we want that very little long. So if you can expedite the various things that our other veterans need and have asked for, we would be more than very grateful; as a matter of fact, we'd love you. And incidentally, when a man talks about loving another man, he'd better be careful.

But there was one thing more. I'm getting kind of old. I can't think of what I wanted——

Senator MATSUNAGA. Are you the only World War I veteran here today?

Mr. KELLER. I think so.

Senator MATSUNAGA. Are there any others here?

Mr. KELLER. We're 87 years of age, and the average age of World War I veterans is 92.

Senator MATSUNAGA. How old are you now?

Mr. KELLER. 87.

Senator MATSUNAGA. 87! You are well-preserved!

Mr. KELLER. Thank you. Well, we were taught when we were younger to take good care of ourselves, and to appreciate what a wonderful country we have. And I do want to say just one more thing, which I'd forgotten. That we are very, very satisfied with the services that we have gotten from the Veterans' Administration. It is a wonderful organization; I've been very happy, and so have all of our other veterans in our Post who go to the Veterans' Administration. And incidentally, Tripler isn't bad either—if you can get in there!

We have been asked on a few occasions here this morning to shed a few tears about some psychiatric cases and what effect they have on their families and the community, I hope sir, you will not foster or encourage any rule or regulation which will cause the VA to devote more of their manpower or budget to that class of cases than they do for needy physically disabled veterans. Believe me sir, I have seen physically disabled cases that have made me cry real tears.

Senator MATSUNAGA. Well, if I can keep your vigor at 75, I'd be thankful. And that means I have only 5 more years to go. Thank you.

The Chief Counsel of the committee has been asked by the chairman to put forth some questions to the final panel; so if you will, you may proceed, Mr. Steinberg.

Mr. STEINBERG. Thank you, Mr. Chairman. Senator Cranston asked me to assist in following up in a number of areas of testimony from the Veterans' Administration based on Dr. Gronvall's prepared testimony and also the testimony that he might present on those issues at this time.

First, let me review with you, Dr. Gronvall, what you understand the situation to be at present regarding beneficiary travel payments to Hawaii veterans under the policy that went into effect Monday, April 13. Under the 100-mile rule, if a veteran requires air transportation for a one-way trip in excess of 100 miles, our understanding is that the VA would pay that transportation cost minus an $11 deductible for transportation each way. Is that correct?

Dr. GRONVALL. I believe that's correct, but again, the detailed or technical application of a complex set of rules is not a decision that I make. We have administrative personnel at each of our medical centers who specifically make those decisions, so I'm not speaking from the basis of intimate knowledge of the detailed or technical rules on the beneficiary travel regulations.

Mr. STEINBERG. How long will it take for the committee to receive a conclusive answer on that issue?

Dr. GRONVALL. The question you just asked me?

Mr. STEINBERG. Yes.

Dr. GRONVALL. I'm assuming you're going to ask several questions, and we will prepare a letter back to the committee as soon as possible stating those answers. As is usually the case, that takes about a week.

[Subsequently, the Veterans' Administration furnished the following information:]

The policy on beneficiary travel as stated above by Mr. Steinberg is correct.

Mr. STEINBERG. The reason for pursuing this issue is to try to clarify the method used to reimburse veterans for beneficiary travel as rapidly as possible so that the administrative personnel here and the veterans of Hawaii will understand what they may or may not receive.

Dr. GRONVALL. I agree.

Mr. STEINBERG. I would hope that on that issue, and one or two other points with respect to beneficiary travel, you could obtain an expedited response.

Dr. GRONVALL. I certainly will, and in fact, as I said, I've already asked my staff to go to work about 2 weeks ago on the issue of the impact of those regulations on Hawaii. So people are already at work on that.

Mr. STEINBERG. With respect to the $55 million annual level budgetted for beneficiary travel in fiscal year 1987, are you including in the $55 million the costs of interfacility transportation?

Dr. GRONVALL. Yes.

Mr. STEINBERG. As you know, the committee has had a question pending with the Veterans' Administration since our February 4 budget hearing on exactly out of which funds interfacility transportation costs were paid prior to fiscal year 1987. We still have not receive your response to that question insofar as I know, and I would appreciate it if you could expedite it.

Dr. GRONVALL. I was unaware of that, that the answer had not been sent. I'll surely look into it.

[Subsequently, the Veterans' Administration furnished the following information:]

Interfacility transportation costs prior to fiscal year 1987 were paid for from the medical care appropriation. Our accounting systems collected data on the cost of service-connected and nonservice-connected travel. Interfacility travel would have been recorded in one of these categories. There was no breakout of interfacility travel costs prior to fiscal year 1987.

Mr. **Steinberg**. In addition, if you have received any communications from the Disabled American Veterans with respect to their kind offer, which you reported on, to assist until the VA comes to a decision on beneficiary travel in Hawaii, I'm sure the committee would very much like to receive it. We did have the Commander of the State Department of the Disabled American Veterans, Donald Worobe, testify this morning, and I don't believe he mentioned that matter. It would be helpful to us to get some clarification on it.

Dr. **Gronvall**. I have no written communication. As I said in response to the question, I described verbal conversations I had with three different DAV individuals yesterday, but I had no written communication from them.

Mr. **Steinberg**. Perhaps Dr. Vandervort could follow up on that, in collaboration with the DAV, and provide the committee with an appropriate communication. What we're trying to do is to leave the situation here in a more clear status than we found it.

Dr. **Gronvall**. I think Dr. Vandervort may have already had some communication.

Dr. **Vandervort**. We have a written letter from DAV, and I'll share that with you.

[The letter referred to appears on p. 246.]

Mr. **Steinberg**. That would be very helpful. With respect to interfacility transportation, Dr. Gronvall, it's our understanding that there is, in the regulation which was approved by the Administrator after publication in the Federal Register, flexibility for interpretation in that regulation that may not exist in the circular which you issued pursuant to the regulation insofar as the construction of the word "institution" is concerned. Under the regulation itself, at least until you decide on a beneficiary travel policy for Hawaii, it could be possible to consider a contract provider, even an outpatient provider, as a VA-supported institution, making an interfacility transfer from that provider to either the VA Outpatient Clinic for care or to Tripler or to a contract inpatient facility, thereby for the interim, without imposing the 100-mile deductible, providing some relief for Hawaii while this matter is further explored. Would you look into that possibility to see if we might be able to leave intact as much as possible of the beneficiary travel reimbursement policy that was in existence prior to April 13?

Dr. **Gronvall**. I surely will be pleased to look into that, and I'm aware of the fact that that question has been discussed just during the past couple of days with Dr. Vandervort. I'll be pleased to look into that. I should just correct one, perhaps small, thing. In your preamble to that question, you said that the new regulations were approved by the Administrator after publication in the Federal Register. They were, of course, approved by the Administrator and it was his responsibility to approve them and subsequent to that approval they are then published in the Federal Register.

Mr. **Steinberg**. What I should have said is the "final regulations". But the final regulations were published in the Federal Register after a notice and comment period, I believe.

Dr. **Gronvall**. Correct. There was a preliminary publication, a public comment period, so both the preliminary draft and then the final regulations were approved by the Administrator prior to their publication in the Federal Register.

Mr. **Steinberg.** With regard to your exchange with Senator Matsunaga about the task force on the neighbor islands and the special study group that you're establishing now to make a 90-day report back to you, is that in essence superceding the task force on the neighbor islands?

Dr. **Gronvall.** I don't know that it will wholly supercede it. We will plan the composition of the task force I am about to appoint in such a way that we don't reduplicate or needlessly duplicate planning efforts. So we'll take full advantage of the work that has been underway on the different timetable, now focused by an accelerated planning effort in a new task force.

Mr. **Steinberg.** Will readjustment counseling be represented?

Dr. **Gronvall.** Yes, sir.

Mr. **Steinberg.** Will you please advise the committee as soon as you have appointed the task force of its membership, its charge, and its chairman?

Dr. **Gronvall.** I'd be pleased to.

[Subsequently, the Veterans' Administration furnished the following information:]

The Chairperson and members of the Hawaii Veterans Health Care Task Force are as follows:

Marjorie R. Quandt, Director (ACMD), Strategic Planning
Robert Neary, Office of Facilities
Kenneth Clark, Deputy Director, Western Region
Terrence Hobbs, Western Region
Kendall Posey, Administration
Eugene Zuckowsky, Ph.D., Chief, Psychology Service VAMC Palo Alto, CA
Paul Errera M.D., Director, Mental Health and Behavioral Sciences
Arthur Blank, M.D., Director, Readjustment Counseling Service
Robert E. Lindsey, Jr. (Ex-Officio), Director, Operations
William Vandervort, M.D. (Ex-Officio), Director, OPC, Honolulu, HI

The Task Force has been charged with the following tasks:

—carefully examine issues and trends affecting Hawaii veterans and the delivery of health-care services to them, with particular regard to utilization rate disparities separating the Hawaii experience and that of veterans' medical care on the mainland;
—assess the variety, adequacy and distribution of community health-care facilities on Oahu and the outer Hawaiian Islands as well as other Pacific Basin islands;
—analyze the demographic effects now, and those projected to occur in the future;
—consider what should be VA's overall direction in respect to a continuing relationship with Tripler Army Medical Center, especially as it relates to the "E-Wing" commitment;
—explore the possibility of establishing short- or long-term relationships with private sector providers to meet veterans' health-care needs, either in supplementation to Tripler-provided services, or to replace them;
—develop and recommend to me the best array of services and programs aimed at meeting veterans' needs in accordance with their statutory eligibility; and
—explore and resolve other pertinent issues which may be identified.

Mr. **Steinberg.** Thank you. With respect to Senator Matsunaga's question on the Department of Defense/VA agreement and the E-Wing option, just to clarify from a legal standpoint, if there were such an agreement, you testimony is that the VA would insist that it provide that the VA be at no greater risk of any claim being made on those beds than if the beds were located in some other configuration, for example, a freestanding VA facility, Queen's, or on lease from some other facility.

Dr. Gronvall. I did not use the word "insist." What I reported was that my understanding of all the basis on which the deliberations between the VA and DoD have proceeded have been that if E-Wing is turned over to the VA, the responsibility of the VA for the beds, programs and staff in E-Wing would be the same as exists in any other VA Medical Center. So it was on that basis that I responded.

Mr. Steinberg. Is there any reason why the agreement could not so provide?

Dr. Gronvall. None that I'm aware of. But again, you, in the preamble to your question, referred to that as a legal clarification and, of course, that then would require legal review and the detailed agreement, of course, would be scrutinized by General Counsel both for the facility and the VA.

Mr. Steinberg. Could you consult with General Counsel on that issue so that Senator Matsunaga could have the assurance that if such an option were pursued, there would be no greater risk to the VA that the beds would be reclaimed than if they were in some other configuration?

Dr. Gronvall. Yes, sir.

[Subsequently, the Veterans' Administration furnished the following information:]

The Administrator of Veterans' Affairs has the authority to "furnish hospital care, nursing home care, and medical services to members of the Armed Forces on active duty" during war or national emergency and to "give a higher priority to the furnishing of [that] care and services . . . than to the furnishing of care and services to any other group of persons eligible . . . with the exception of veterans with service-connected disabilities." (38 U.S.C. 5011A(a)(1)). The Veterans' Administration, in response to paragraph 5011A, has entered into an agreement with the Department of Defense to provide the medical care permitted. We anticipate that this policy will be maintained.

Any VA medical facility in Hawaii will be governed by this agreement regardless of its location. The same circumstances and risks will apply whether the VA unit is located in the E-Wing of Tripler Army Hospital, elsewhere on the hospital's grounds, or at another site in Honolulu.

Mr. Steinberg. Thank you. Could you just for one moment clarify the one-way travel issue that Senator Matsunaga raised about Menlo Park and PTSD treatment? The issue as we understand it was that a referral was being made outside of the direct VA system, and an inquiry was made as to what the travel policy would be, and the information that was apparently provided indicated that only one-way transportation would be provided. Now, it's quite understandable that what may have been said was that "Hawaii will only pay one-way transportation". My request is that we try to be sure in the future that first, if such information is provided that it's made clear that the return transportation would be provided by the receiving, treating facility. Second, if it turns out an individual returned at his or her own expense without having return transportation provided by Menlo Park, the Veterans' Administration would see to that veteran being made whole.

Dr. Gronvall. To the first comment you made, it is certainly our policy that when we transfer a veteran from one VA facility to another, we pay the transportation both ways. The fact that, for VA administrative purposes, one facility pays for the trip one way and the other pays for it the other way need be of no concern to the veteran. That's just an administrative convenience for the VA in administering its programs. Dr. Vandervort already testified that there was an instance he was aware of in which a veteran, on his own, arranged transportation, and then was subsequently reimbursed by the VA. So that has already occurred. It, as I gather then, the presumption of your question, you know of a case where there was a problem or where misinformation was provided, I'd truly be glad to be informed about the case so that I could review it and, if need be, a staff person had misinformed a veteran or anyone else, we'd take steps to be sure that that was corrected.

Mr. STEINBERG. That would be very helpful. If we can get that information, we'll certainly make it available to you.

Dr. GRONVALL. I'd appreciate it.

Mr. STEINBERG. That concludes my questions.

Senator MATSUNAGA. Thank you very much, Mr. Steinberg. And thank you, all of you, for your patience in responding to the questions and especially for listening to what the other witnesses had to say today. I think it's been truly a learning experience for me as well as for you. Of course, what we need to do now is, knowing what the problem is, is to find the solution from among the options which are available to us, and to act expeditiously to implement that solution. I offer my services in whatever way you might be able to use them for the purpose of expediting action. I do hope that I can rely on your services also, for that purpose. I think that if we can commit ourselves to that task, we can make this hearing the beginning of long-awaited action on the part of the veterans of Hawaii, who, as I have said earlier, have already paid their dues.

I thank you very much.

Dr. GRONVALL. Mr. Chairman, if I may repeat again, thank you for convening this hearing. I repeat again that it is our intent to work with you and the Committee and the others involved in veterans' care as we take these additional steps.

And also, I would like to say that regardless of whether those of us from the VA had been scheduled to be the first witnesses or the middle or the last witnesses, it was our clear intent, we came to this hearing to listen to all of the testimony that was given because, as we seek to serve veterans, it's important for us to hear their views, comments, criticisms as well as constructive suggestions in any event. So we looked forward to a full day of testimony, and we're very pleased to be here.

Senator MATSUNAGA. Thank you very much. And for those who are interested, I wish to announce that if you have any statements you wish to make, you may submit those statements in writing and forward them either to my office here in Honolulu or to my Washington office. I will see to it that your statement will be included in the hearing record of this date.

So, I thank you, veterans, for the great attendance today. I understand there were over 360 who showed up today to listen to the testimonies. It's a great sign that there is great interest among, not only veterans, but veterans' families as well. So, in closing the session, I wish to thank one and all for your great interest, and I shall look to you for greater support for expeditious action.

[The committee stands in adjournment.]

APPENDIX

STATEMENT OF
SENATOR ALAN CRANSTON
CHAIRMAN
SENATE COMMITTEE ON VETERANS' AFFAIRS

FIELD HEARING ON VETERANS' HEALTH CARE IN HAWAII
HONOLULU, HAWAII

APRIL 14, 1987

Greetings and best wishes to all gathered today to review the status of veterans' health care in Hawaii. As the Chairman of the Senate Committee on Veterans' Affairs, I would like to thank you for appearing today and for providing us with your views and insights. The list of witnesses is very impressive, and I expect to learn a great deal from this hearing about the special circumstances facing Hawaii's veterans.

I would also like to express my strong support for my Committee colleague and a very good friend, Senator Spark Matsunaga, and especially for his efforts to reach a firm understanding of the special concerns of Hawaii's veterans. I deeply regret that I am unable to join him today due to prior commitments, but I am confident that this important work of our Committee has been left in very competent hands.

I know I needn't tell you that Hawaii as a State is unlike any other and, as such, faces many unique circumstances, including a unique system of VA health-care delivery. Our concern here today is to examine some of the special problems experienced by Hawaii's veterans and to explore whether the VA health-care system in Hawaii is fair and adequate to the needs of its veteran population.

Although there are many issues with regard to VA benefits and services in Hawaii that should be reviewed, the Committee has chosen to focus on three specific areas of concern: First, how should the VA provide health-care services to veterans in Hawaii? The VA maintains a full-service outpatient clinic in Honolulu which, by all reports, provides excellent care to veterans living on Oahu who have conditions treatable on an outpatient basis. However, since the VA does not have a medical center in Hawaii, the VA has special authority -- which is provided only to veterans in Hawaii and Alaska -- to pay for the inpatient care of veterans in private facilities as well as in Government facilities, such as Tripler Army Medical Center.

Many questions have been brought before our Committee regarding the overall adequacy and quality of health-care services available to Hawaii's veterans. Various plans for VA health-care in Hawaii have been considered -- including the negotiation of a shared-facility agreement between the VA and Tripler which has faced a great deal of delay -- much of it inexcusable. I believe that new options should be reviewed which take into account the best short-range and long-range health-care delivery needs of Hawaii's veteran population. The testimony received at today's hearing should shed some light onto this difficult situation making it possible to choose and develop the best options in a timely fashion.

The second focus for this hearing is how might VA services be expanded to more appropriately, fairly, and effectively provide for the needs of veterans on the neighbor islands. Veterans on the neighbor islands receive health-care services on a fee basis at facilities located in their communities. Since health-care services adequate and appropriate to the special needs of veterans aren't always available on the neighbor islands, we need to consider the option of establishing teams of VA health-care personnel who regularly travel to the neighbor islands. Additionally, we need to ensure that Hawaii veterans are not unduly burdened by recent changes in VA regulations governing beneficiary travel and that specialized PTSD treatment is made available in a reasonably accessible and sympathetic environment.

The third issue before the hearing is how might the VA better provide for the readjustment counseling needs of veterans living on the neighbor islands. Many Vietnam veterans require on a regular basis specialized counseling and other readjustment services which often are not available in the private sector. In Hawaii, this situation is compounded by geography: It is not generally feasible for a veteran to travel on a regular basis from one of the neighbor islands to Oahu Vet Center in order to receive the readjustment counseling services needed. This problem needs to be addressed and resolved.

The agenda for today's hearing is quite full and includes a number of problems that need to be resolved as soon as possible. The Senate Committee on Veterans' Affairs is eager to receive your ideas and your help in the process of developing and implementing solutions to these problems. I pledge my support for bringing about a much needed improvement in VA health care for Hawaii's veterans.

HON. DANIEL K. AKAKA
SENATE VETERANS' AFFAIRS COMMITTEE
APRIL 14, 1987

INITIALLY, I WOULD LIKE TO THANK THE SENATE VETERANS' AFFAIRS COMMITTEE FOR HOLDING TODAY'S HEARING ON THE VETERANS ADMINISTRATION'S HEALTH CARE SYSTEM IN HAWAII. THE COMMITTEE HAS ASSEMBLED QUITE A LIST OF IMPRESSIVE WITNESSES, AND I LOOK FORWARD TO HEARING THEIR TESTIMONY. HOWEVER, I WOULD BE REMISS IF I DID NOT ALSO EXTEND MY GRATITUDE TO SENATOR MATSUNAGA FOR INVITING ME TO PARTICIPATE IN THIS HEARING. I KNOW WE WILL ALL BENEFIT FROM THE UNDERSTANDING WE GAIN TODAY AS WE LISTEN TO THE MANY INDIVIDUALS WHO ARE TOUCHED BY THE VA'S HEALTH CARE SYSTEM IN HAWAII.

BEFORE WE GET STARTED HEARING FROM OUR WITNESSES, I WOULD LIKE TO SHARE SOME STATISTICS ON THE VETERANS ADMINISTRATION (VA) WHICH MAY SURPRISE YOU. THE VA IS LARGER THAN ANY ONE OF THE DEPARTMENTS OF STATE, INTERIOR, LABOR, COMMERCE, EDUCATION, TRANSPORTATION, ENERGY, HOUSING AND URBAN DEVELOPMENT AND JUSTICE. THE AGENCY RANKS SECOND ONLY TO THE DEPARTMENT OF DEFENSE IN NUMBER OF PERSONNEL WITH OVER 244,000 EMPLOYEES. THE VA'S BUDGET FOR FY88 WILL PROBABLY EXCEED $27 BILLION AND SUPPORT A VARIETY OF MEDICAL, EDUCATION, INCOME, JOB TRAINING, INSURANCE AND LOAN PROGRAMS WHICH ARE POTENTIALLY AVAILABLE TO THE COUNTRY'S 28 MILLION VETERANS AND THEIR DEPENDENTS. IT ADMINISTERS THE LARGEST HEALTH CARE SYSTEM IN THE FREE WORLD WITH 1.5 MILLION VETERANS RECEIVING INPATIENT HEALTH CARE.

THE VA COMPENSATION AND PENSION PROGRAM HAS AN ANNUAL EXPENDITURE IN EXCESS OF $14 BILLION FOR DISABLED AND LOW-INCOME VETERANS, THEIR SURVIVORS AND DEPENDENTS. THESE FIGURES ARE INDEED STAGGERING AND DRAMATICALLY ILLUSTRATE JUST HOW IMPORTANT THE VA IS AND HOW IMPORTANT ITS RELATED PROGRAMS ARE TO NOT ONLY VETERANS BUT TO THE POPULATION AS A WHOLE.

NOW THAT WE HAVE A PICTURE OF THE OVERALL IMPORTANCE OF THE VA, LET'S FOCUS ON HAWAII. OUT STATE IS HOME TO MORE THAN 102,000 VETERANS, 15,700 OF THEM ARE OVER THE AGE OF 65. BY 1990, THAT FIGURE IS EXPECTED TO INCREASE TO 23,900, AND BY THE YEAR 2000, THE TOTAL WILL HAVE RISEN TO MORE THAN 35,700. THESE NUMBERS INDICATE THE GROWTH WE CAN EXPECT IN THE SEGMENT OF OUR POPULATION WHICH TRADITIONALLY HAS BEEN VERY DEPENDENT UPON THE VA HEALTH CARE SYSTEM.

AND HOW DO THESE NUMBERS TRANSLATE TO ACTUAL EXPENDITURES FOR HEALTH CARE? TO MEET ITS HEALTH CARE RESPONSIBILITY TO HAWAII VETERANS, THE VA PROVIDED $21 MILLION DURING FY85. VA AND ASSOCIATED FACILITIES IN HAWAII RECORDED 66,584 OUTPATIENT VISITS DURING FY85. ADDITIONALLY, 50 VETERANS RECEIVED NURSING HOME CARE. VA FACILITIES IN THE STATE EMPLOYED 235 PEOPLE, WITH SALARIES TOTALING ALMOST $6 MILLION.

YET, FUNDING FOR MEDICAL CARE COMPRISES ONLY PART OF VA'S CONTRIBUTIONS TO HAWAII. DURING FY85, TOTAL VA ALLOCATIONS FOR HAWAII VETERANS AMOUNTED TO MORE THAN $81 MILLION. INCLUDED IN THIS AMOUNT WAS $43 MILLION WHICH WAS PAID TO OVER 10,000 HAWAII RESIDENTS WHO ARE EITHER DISABLED AS A RESULT OF MILITARY SERVICE OR RECEIVE PENSION

BENEFITS; $9 MILLION IN READJUSTMENT AND VOCATIONAL REHABILITATION PROGRAM; $7 MILLION FOR INSURANCE AND INDEMNITIES; AND $28,000 FOR CONSTRUCTION AND RELATED COSTS.

IT IS CLEAR THAT WE BENEFIT SIGNIFICANTLY FROM THE VA'S INVESTMENT IN HAWAII. NOW, I LOOK FORWARD TO EXAMINING ONE COMPONENT OF THE VA-PROVIDED SERVICES--THE HEALTH CARE SYSTEM--TO SEE HOW OUR TAX DOLLARS ARE BEING SPENT. I AM EAGER TO LEARN FROM YOU WHETHER THIS MONEY IS BEING UTILIZED WISELY, HOW THE VETERANS' HEALTH CARE SYSTEM IN HAWAII CAN BE IMPROVED, AND HOW THE HEALTH CARE SYSTEM CAN MEET THE FUTURE NEEDS OF AN AGING VETERANS POPULATION.

THANK YOU.

TESTIMONY BY SENATOR DANIEL K. INOUYE SUBMITTED TO THE VETERANS HEALTH CARE HEARING, HONOLULU, HAWAII, APRIL 14, 1987.

My fellow veterans, the time has come to once again "Go for Broke." This fight is not in defense of our country, but a fight for a Veterans Hospital in Hawaii.

President John F. Kennedy once stated, "Ask not what your country can do for you, ask what you can do for your country." Hawaii's veterans have not asked what this country can do for them. Rather, they have courageously defended our country's principles of democracy and liberty. When President Kennedy spoke those words, he knew of the harsh reality of war, having lost his brother Joe in World War II. My fellow veterans also know the painful meaning of loss; a part of each of us was sacrificed on the altar of war. Hawaii's brave men and women should not have to ask this country to do what it has promised to provide -- proper health care services.

Hawaii has a higher ratio of veterans, per capita, than any other state in the union. However, we are one of two states currently without a Veterans Hospital. All that is available to Hawaii's veterans is an out-patient clinic. Alaska, the only other state without a VA hospital, has one half the number of veterans residing in its state as compared to Hawaii. However, Alaska has a Veterans Center and three satellite centers. Additionally, Alaska receives approximately $740.00 per veteran for medical services. Hawaii, on the other hand, receives only $211.00 per veteran, a disparity of 3 to 1. The United States Government has an overdue debt to settle with Hawaii's veterans.

This debt arises from a simple contract the government entered into with yesterday's soldier and today's veteran. In consideration for the soldier's loyal execution of military duties, the government promised, among other things, to provide health care services to today's veteran. Hawaii's veterans bravely performed their duties. The government's reciprocal obligation does not cease to exist upon the signing of a peace treaty. President Theodore Roosevelt put it best when he said, "A man who is good enough to shed blood for his country is good enough to be given a square deal afterwards."

The glaring lack of continuity in the health care received by Hawaii's veterans, or worse still, the absence of such services, evidences a breach of contract on the part of the United States Government, as represented by the Veterans

Administration. In Honolulu, a veteran in need of health care goes to the Veterans outpatient clinic. If further or more extensive care is necessitated, the veteran must take a number and wait his turn at Tripler Hospital. In light of the low priority accorded to the veteran, his wait becomes intolerable and, at times, results in his going without care, or paying a private health care provider for needed services.

The veteran residing on an outer island faces an even more dismal prospect of receiving medical care. There is no federally funded VA out-patient clinic on any of the outer islands. All that is available are the referral services provided by the State of Hawaii. Additionally, payment of transportation expenses which would allow the veteran to travel to Honolulu to receive medical care have been severely curtailed. Consequently, if a veteran cannot afford the cost of plane fare to Honolulu, the likelihood of receiving medical care through the Veterans Administration is virtually nil. This is the irony. Those veterans who can least afford travel expenses comprise the very group most in need of VA health care services.

The time for buck-passing and bed count formulas has elapsed. Too much energy has been wasted on contemplating patchwork schemes. Throughout these deliberations, veterans with pressing health care needs have suffered in silence, seemingly forgotten beneath a stack of bed counts and financial calculations.

It is time to "Go for Broke." Hawaii's veterans fought as courageously and proudly as the veteran from any other state. I call upon the Veterans Administration to make good on its promise to provide all veterans with proper health care services through the establishment of a Veterans Hospital in the State of Hawaii.

John Waihee
[illegible]
Governor

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April 13, 1987

Senator Spark Matsunaga
United States Senate
Chairman, Committee on Veterans
Affairs Hearing
State Capitol Auditorium

Re: Testimony of Dr. John Henry Felix, Chairman of the Hawaii State Veterans Affairs Advisory Council on Hawaii State Veterans Benefits Furnished by Veterans Administration

Dear Senator Matsunaga:

I am please to testify on Veterans Benefits for Hawaii State Veterans, in my capacity as the Chairperson of the Hawaii State Veterans Affairs Advisory Council.

Background

The Governor's Jobs for Veterans Task Force (GJVTF) was organized on January 25, 1971 by the late Governor John A. Burns at the request of the President of the United States Richard Nixon. I was appointed the Chairman of the task force and was reappointed by Governor George R. Ariyoshi, reappointment by the present Governor John Waihee is pending. The primary objective was to promote gainful job opportunities for Hawaii's unemployed veterans, especially the disabled veterans.

During this period, there were over 8,000 unemployed veterans. The Task Force members were appointed "to serve at the pleasure of the Governor" and comprised of representation from the segments of the community: employers from the private sector; government agencies (Federal, State and County Civil Service Systems; labor unions; nationally affiliated and local veterans organizations and civil and educational sector). On June 13, 1983 it was redesignated to the Hawaii State Veterans Affairs Advisory Council. Originally we were concerned exclusively with employment concerns, over time we took on additional responsibilities to expand and promote other veterans benefits. We now provide advice and counsel to the full spectrum of veterans affairs and concerns.

State Veteran Population and Service Organization. Hawaii has approximately 100,000 veterans. The veterans' community is highly cohesive and well organized through memberships in various service related organizations. There are five national service organizations in Hawaii with a membership exceeding 10,000. These include: Disabled American Veterans, Veterans of Foreign Wars of the United States, American Legion, AMVETS and the Military Order of the Purple Heart. Each of the organizations are complimented by its Ladies Auxiliary. Other service organizations with auxiliary counterparts, some of which are unique to Hawaii, have total membership in excess of 10,000.

A subcommittee of the Hawaii State Veterans Affairs Advisory Council (7 members) conducted statewide hearings on the needs and concerns of Hawaii veterans. It was determined that public hearings on all the principal islands should be conducted to assess the needs of the veterans and their beneficiaries, and to provide them with an opportunity to express their concerns.

The schedule of the hearings was as follows:

1/28/85	Kauai, Kauai Community College
1/29/85	Maui, Maui Community College
1/30/85	Hawaii, Hilo, State Building
1/31/85	Hawaii, Kona, Yano Hall, Captain Cook
5/7/85	Oahu, Leeward Community College
5/9/85	Oahu, State Capitol
5/29/85	Molokai, Mitchell Pauole Community Center

These hearings were conducted at no cost to the State with the exception of certain administrative support, provided by the Department of Social Services and Housing.

These hearings provided veterans an opportunity to air their concerns on all aspects of Federal and State veterans benefits.

The following issues were discussed at each of the hearings:

Federal Issues:

1. Lack of a long-term medical facility on Oahu and the need for a VA hospital, other than the use of Tripler Army Medical Center.

2. Medical services benefits from the Veterans Administration, especially for the neighbor islands (outpatient medical needs).

3. Vietnam veterans in need of adequate readjustment counseling.

4. Establishing veterans homes for the elder veterans.

State Issues:

1. Independent State Government Veterans Affairs Office

Establish an independent office within the Hawaii State government structure to handle all veterans affairs matters, preferably at the State cabinet level (as exists in many states) or, alternatively, at a lesser level but still with direct reporting to the governor (as exists in certain other states). Hawaii, which once had such an office, is now one of approximately six states where veterans affairs are handled by a department as one of its many responsibilities--in Hawaii's case, by the Department of Social Services and Housing.

This proposed office would be solely responsible for the State veterans affairs offices located on Oahu, Hawaii, Maui and Kauai and for all other veteran and veteran-related matters within the State, including proposing veteran-related legislation to the State Legislature.

2. State Veterans Cemetery

Establish a State veterans cemetery to accommodate qualified decedents. Punchbowl faces imminent closure as it reaches capacity for burials (space for cremated remains is not affected). U. S. Public Law 95-476 mandates that the Federal government will provide 50% (and possibly more) of the construction costs for veterans cemeteries built by states. When Punchbowl is filled (which will occur on or about December 31, 1986), the closest U. S. veterans cemetery will be in Riverside, California, a site HSVAAC considers totally unacceptable. The Chief Memorial Affairs Director of the VA reports that currently 34 states and territories are expressing interest in the program and 11 of these states/ territories have submitted 17 applications for Federal assistance under PL 95-476.

3. Veterans Memorial

Establish a veterans memorial to honor the veterans of the Korean Conflict and Vietnam War. Memorials exist to honor veterans of World Wars I and II in Hawaii, but none to honor the veterans of subsequent conflicts and wars.

Also under consideration are the below listed specific proposals that are presently in force in certain other states:

4. Education

Establish free education at State colleges/universities for the children and unremarried spouses of persons killed in action or totally disabled veterans; free education at State colleges/universities for partially disabled veterans; differing and/or preferential admission standards at State colleges/universities for veterans; and State payments to supplement VA educational benefits. At the present time, 47 states provide some type of education benefits identified above to veterans and their dependents. Thirteen of the 47 limit these education benefits.

5. Employment

Extend veterans preference to veterans and their spouses or widows, providing that time-in-service counts toward seniority and retirement for certain civil service positions (generally police, firefighters and other public safety positions), and reserving certain jobs within the State or local governments for veterans. All states provide veterans preference for employment. However, some provide more benefits than others.

6. Housing

Establish priority for disabled veterans and/or widows in placement in public subsidized or assisted housing programs and mortgage (home purchase) assistance through programs of State issued low interest loans or paying a part of the interest rate on a veteran's individually secured loan. Twenty states provide such assistance.

7. Taxes and Licenses

Institute full or partial waiver of the following: property taxes for disabled veterans or surviving spouses; partial waiver of inheritance taxes on the estates of those killed in action or disabled veterans; partial waiver of State income taxes on military retirement and/or disability pay; free driver's licenses and vehicle license plates for disabled veterans; free parking at government facilities/meters for disabled veterans; free or reduced rate hunting and fishing licenses for disabled veterans; and free professional and/or trades licenses with or without training credit granted for work performed in the military (e.g., barbers, electricians, embalmers, opticians, etc.). Forty-nine states provide some form of these benefits.

In comparison to other states, veterans residing in Hawaii do not appear to be receiving appropriate Federal/State benefits. Generally, veterans in Hawaii are not familiar with or aware of the veterans benefits provided by the Federal and State Governments.

We recommend appropriate action be enacted to enhance Federal benefits for Hawaii's veterans.

STATEMENT OF JOHN A. SHEEDY, M.D. REPRESENTING THE HAWAII STATE VETERANS COUNCIL BEFORE THE UNITED STATES SENATE COMMITTEE ON VETERANS' AFFAIRS, HONOLULU, HAWAII - APRIL 14, 1987

Mr. Chairman and Members of the Committee on Veterans' Affairs:

On behalf of the major veterans organization in Hawaii and over twenty organizations in all, we welcome this opportunity to address the committee and present information and views as you have requested. Specifically, you have requested how and through what mechanism health care services should be provided to Hawaii veterans through the VA, both on Oahu and on the neighbor islands; and to explore the availability of specialized psychological counseling and support services on Oahu and the neighbor islands.

With respect to the first part of the question, this involves outpatient care, acute hospital and long term care (LTC). The second part, is largely an outpatient concern.

VETERANS POPULATION:

Present veterans population for the state is believed to be about 110,000 and this is based upon the 1980 census. The 1970 census indicated that there were 92,000 veterans, thus as the WWII population grows older (current average age 66) they retire and many move to Hawaii, probably accounting for the population increase. Nearly half of the states' veterans are WWII and Korean War veterans with the remainder representing the Vietnam War. As can be expected, the majority reside on Oahu (about 85%) with the Big Island having about 12,000 veterans and the second largest group. A study by the Legislative Reference Bureau in 1977 indicated that 150 veterans were receiving some type of institutional care including LTC and domicillary care.

OUTPATIENT CARE:

Relating to your original questions, these remarks will first consider care for general medical or surgical problems then the psychiatric or psychological problems.

Currently, Oahu veterans receive care in the VA clinic and are referred to Tripler Army Medical Center (TAMC) for secondary or tertiary evaluation or care. There appears to be no difficulty with this arrangement although priority given to active duty military and their dependents has generated some criticism. Since TAMC is primarily a military facility, military patients will always receive this priority. Access to the VA clinic or TAMC by way of personal or public transportation is also not regarded as a particular problem at this time.

Regarding those veterans requiring psychiatric or psychological therapy, available information indicates that the large number requesting these services places considerable burden on the VA clinic. Regarding neighbor island coverage, the VA has considered sending a team to each island consisting of a psychiatrist, psychologist, medical social worker and a secretary. Other visits by the team could be made to Guam and American Samoa. Your committee should review workload information to determine the adequacy of present staffing for psychiatric and psychological care.

ACUTE HOSPITAL CARE

Tripler Army Medical Center (TAMC) is primarily a military hospital, its staffing is both military and civilian, predominantly the former and personnel authorizations are based on the military population served with its intendant military mission. At the same time it is authorized to serve as a VA acute hospital which is generally regarded as a secondary mission. Except for the 50 beds allocated to the VA, outpatient and other care is secondary to the military priority. While there are no known instances of neglect of medical necessary cases, this arrangement puts a strain on the available personnel to accomplish an expanded military and veteran care medical mission. This also affects the medical records which follow from providing medical care. Records are needed in a timely manner by the Regional Office to support disability determination claims and delays are frequently encountered due to lack of staffing at TAMC patient administration. To verify this prevailing opinion, a detailed study should be done to further document what many veterans and administrators have already stated is the case.

Possible solutions would include:

1. More adequate military staffing;
2. Providing a distinct part at TAMC in presently unused administrative space and staffing with VA personnel;

3. Construct a new facility at TAMC or elsewhere and staff by the VA or finally;
4. Rent space from Queen's Medical Center (QMC) in currently available areas not in use. The latter would provide care under contract or fee for service agreement.

Of these possibilities, the construction of a new facility would be costly and many medical support activities (i.e., radiologic (diagnostic and therapeutic) as well as laboratory and pharmacy services would have to be provided by arrangements going beyond the facility, usually at higher cost. Thus the option of TAMC expansion or use of QMC would be the most viable alternatives. Of the two, the use of QMC would solve the staffing and record problem but probably at greater cost then expanded use of TAMC. Further study with these outcomes in mind should be done by the committee.

LONG TERM CARE (LTC):

This term includes the need for skilled nursing care (SNF) (i.e., requiring the services of a licensed nurse) and intermediate nursing facility (ICF) with less than daily care and only maintenance physical or occupational therapy. Personal or domicillary care is below these levels.

At present in the state, there are about 3,500 LTC beds (operational and planned) most of which receive funding under the

Medicaid Program predominantly at the ICF level. The average age of the population is 85 years varying from 75 to 95 to establish a one percentile deviation. Lesser numbers extend below or above this grouping. The average length of stay is 3 years (after the first year) and there is a one percent chance of remaining for ten or more years.

Patients enter because of strokes (67%) and the remainder have a variety of problems including terminal cancer, severe pulmonary disease, amputation, motor vehicle accidents with head injury and neurological disorders. The veteran population presents similar medical problems and at the present age of the WWII population (average age 66) significant numbers can be expected to require institutional care in approximately ten years.

At present the VA budgets for 13 LTC beds and recognizes the need for 40 spaces but these are largely for service connected cases. As increasing numbers pass age 65 and develop disorders that are described above, help must be gotten from families or institutional care. Medicare will provide short term Home Health Care as a follow-up to an episode of acute care. This includes Day Care (SSA Title XX) and Day Hospital (also Day Health Care, SSA Title XIX) which may also be used if available, but requires the client to be welfare qualified. Care in a LTC facility can be provided if medically necessary and if the client meets the means test in accordance with PL. 99-272.

For several years, Unit E at TAMC has been funded by the Congress and allocation of the funds made to the VA to renovate this wing for use as a 90 bed psychiatric and 60 bed ICF facility. While the numbers of beds might be open to question, there is no doubt that these are needed now and will be needed in the future. It is stated that the VA Inspector General made a recent assessment and recommended deletion of these funds. Certainly this must be a fiscal recommendation without regard to current or future medical necessity now. Your committee should review this recommendation to determine why medical need was not considered.

As you are aware, Title 38 USC provides for state operated veterans homes and indeed, 36 states operate 42 facilities, primarily, LTC institutions. A joint resolution is currently before the present State of Hawaii Legislature requesting that the State Department of Health Institute OMB action to the VA regarding the establishment of a State Veterans Home in the old Hilo Hospital building. With renovation this structure will meet all standards for patient care. This would provide three floors each with a solarium (day room) available for a total of 60 beds. At a minimal cost, this facility could be in operation. Dr. John C. Lewin, Director of the State Department of Health, has endorsed this action. Assuming legislative action is favorable, support will be requested from your office, Mr. Chairman.

Currently, VA regulations provide for a per diem reimbursement of $12.50 per day for LTC. While this may be adequate for mainland facilities, this is far too little in Hawaii. The current average Medicaid reimbursement rate for SNF is $113.00 and the ICF is $95.00. Thus, the $12.50 rate is a ridiculous reimbursement. Title CFR states that this reimbursement should not be more than 50% of the cost. It is recommended that your committee review the comparable cost of care in the various states to determine if better funding to the states for care in State Veterans' Homes may be a suitable alternative to developing more long term care within the VA System.

Recently, the VA has curtailed transportation especially for air travel which, in this state, is the only means available for interisland travel. The comments of CMDR Ronald Worobe are extensive and complete and are concurred in.

CONCLUSION AND RECOMMENDATION:

1. Hawaii has a significant veterans population that will increase in the future based upon past demographic trends. This population is underserved in relation to the facilities, staff and funding allocated to this state.

2. Outpatient psychiatric/psychological care represents a considerable workload. The neighbor islands and other areas in the Pacific basin are generally underserved due to the island nature of the state. A study should be done to

determine what the optimum staffing and utilization should be. VA recommendation for a traveling team should be evaluated.

3. The competing needs of the VA vs. TAMC with regard to beds, staff and medical records should be evaluated by the committee to determine the appropriate solution. The question of whether to continue to use TAMC, with our without additional space and/or staff vs. use of a civilian facility such as Queen's Medical Center should be studied by the committee.

4. While there is a current need for LTC, both nursing and domicillary, this will increase markedly in the next decade necessitating additional beds. Beds currently available for LTC 13 (contract) and projected 40 (contracted) are inadequate. The 60 beds scheduled in Unit E (available 1990) will be inadequate but badly needed. The projected State Veterans Home beds (60) will materially assist in providing necessary care. The committee should affirm the projected need for LTC beds and determine why the VA Inspector General recommended deletion of funding for Unit E. Per diem authorization should be revised in accordance with current regional charges.

5. The need for interisland travel needs for veterans should be studied.

Mr. Chairman, this concludes my testimony and the membership of the Hawaii State Veterans Council wish to thank you and the members of your committee for the opportunity to present our views and recommendations.

HOUSE OF REPRESENTATIVES
THE FOURTEENTH LEGISLATURE

STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

TESTIMONY OF REP. VIRGINIA ISBELL APRIL 14, 1987
SENATE VETERANS AFFAIRS COMMITTEE

Hon. Sen. Spark Matsunaga, Members of the Committee:

I am pleased to have this opportunity to appear before you today on this historic occasion--the first time in history that this committee has held a hearing in Hawaii.

I have worked with the Viet Nam veterans in the Kona District for several years, trying to get outreach help for them, listening to them, but not really understanding them and their problems.

A dramatic thing happened this year--the Viet Nam War Memorial Travelling Wall came to Hawaii. During that period of time I began to understand the depth of the problems these young men and women have had to endure these many years. As I walked the "wall" I spent hours reading the comments written to the dead by their buddies, families and friends as well as studied the pictures left at the wall, the young, hopeful faces of those who never returned.

One incident remains indelible in my memory. As I stood at a table, a man was thumbing through one of the directories looking for a name--another man came to the other end of the table and asked the volunteer how to look for the name of a veteran. When he said the name the man at the other end looked up and there was a look of disbelief as each recognized the other. They had believed all these years that the other was dead; and it was a tearful reunion.

There is much healing which took place at the wall, but there is so much more to be done. These veterans need your help. They have been neglected far too long. They need to know they are heroes and we love them. The actions of your committee in a positive way will be an added boost to their long-suffering moral and help to truly "bring them home".

Thank you for your time this morning.

= end =

The Senate
The Fourteenth Legislature
of the
State of Hawaii

STATE CAPITOL
HONOLULU, HAWAII 96813

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CHIEF CLERK
T. DAVID WOO, JR.

14 April 1987 Ref: 411/87

Senator Spark Matsunaga, Chairman
U.S. Senate Committee on Veterans
Affairs

Dear Chairman Matsunaga and members of the Committee:

Chairman Matsunaga and distinguished members of the U.S. Senate Commttee on Veterans Affairs, my name is Jimmy Wong, a member of the Hawaii State Senate representing the 8th Senatorial District, and the Chairman of the Senate Committee on Military and Civil Defense. Thank you for providing me and these representatives of all veterans in Hawaii the opportunity to provide testimony regarding veterans health care.

During the early months of this Legislative Session, our Committee on Military and Civil Defense sponsored a bill to establish a State Veterans Cemetery on the Island of Oahu and we are pleased to add that the prospect of establishing, a State Veterans Cemetery is extremely good. It is due to the many discussions over the aforementioned matter that our Committee has been able to develop a close rapport with veterans and representatives of veterans orgainizations throughout our State and we have become aware of the many concerns they have regarding veteran's benefits. Therefore, this testimony will be on behalf of all veterans who participated in conflicts from World War I to the Vietnam conflict.

In order to appreciate the magnitude of our problems relating to health care for veterans, our Committee believes it necessary to provide some basic statistics that bring to focus the extremity of Hawaii's problem. As you are aware, there are approximately 104,000 veterans residing within our State. Of this total, 7.500 reside on Maui; 4,500 on Kauai; 11,000 on Hawaii; and 61,000 on Oahu. Veteran residents statistics indicate that, in 1985, there were 13,700 veterans aged 65 and over and, it is projected that the total in this age group will increase to 29,500 by the year 2000.

Furthermore, 3% of this age group, or 885 veterans, will require hospitalization periods of 3 months or longer by the year 2000.

Mr. Chairman, these statistics are not, in and of themselves, cause for grave concern since statistics for every state in our nation will indicate similar trends. However, the following statistics are indicative of the urgency and uniqueness that our State of Hawaii is faced with. HAWAII RANKS 44th IN THE NATION IN VETERANS POPULATION BUT FIFTIETH IN TERMS OF MEDICAL AND SURGERY EXPENDITURES. It is heartening to learn that Hawaii has the reputation of being 50th in expenditures for medical and surgery expenditures --- but at the same time alarming because the lack of expenditures were at the personal expense of our deserving veterans. Our Committee understands that low expenditures in medical and surgery are due to the fact that Hawaii has no veterans hospital.

It is interesting to note that the 1984 census reported that the District of Columbia, with only 63,000 veterans has a 708 bed veterans hospital. It is also ironic that the State of Wyoming with 68,00 veterans has two hospitals with a combined total of 487 beds and the State of South Dakota with a veteran population of 79,000 has 3 veterans hospitals with a combined total of 900 beds. Hawaii, on the other hand was reported to have a population of 97,000 veterans and not one veterans hospital.

It is our Committee's understanding that the Veterans Administration in Hawaii is mandated to utilize Tripler Army Medical Center for care of veterans when available. However, if Tripler is not available, veterans are then referred to private or public hospitals at VA expense. During the past several years, the VA has witnessed increased difficulty in obtaining inpatient care at Tripler for veterans as a result of cutbacks in funding and personnel. In addition, Tripler has extablished a priority system for medical care with the highest priority given to active duty military; second to dependents, and finally, to VA beneficiaries and others. Due to cutbacks in funding and personnel and to the priority system for health care services at Tripler, the VA is forced to obtain required inpatient care in the community at a higher cost and this has caused the fragmentation of the VA's Health Care System. High cost is an issue because a heart patient requiring treatment in an intensive care unit at Queen's Medical Center would pay $1,100 per day or $11,000 for a ten day period. Whereas, in comparison, a heart patient at Tripler would pay a mere $440 per day or $4,400 for 10 days. Furthermore, it is our Committee's understanding that approximately one-half of all veterans requiring inpatient care are diverted to private hospitals due to the non-availability of services at Tripler. Our Committee finds that is would be much more cost effective to provide additional funding and personnel for Tripler in order to provide the necessary acute care services for Hawaii veterans.

Another area of concern is that of long terms care facilities. Veterans currently requiring long term nursing care, upon being released from an acute care facility, are placed in contract community nursing homes. However, the VA is currently funded for only 15 beds in the community for long term care for veterans with service-connected conditions for as long as their condition requires treatment. Furthermore, veterans with non-service connected conditions are entitled to care for up to six months only. To emphasize this concern, our Committee would like to reiterate that the target group which would most likely require long term care will increase to 29,540 by the year 2000, and, it is estimated that,of this number, 885 veterans will require hospitalization of 3 months or longer. We need to plan now to meet both the short and long terms needs of our aging veteran population.

The last topic of concern we wish to address is veterans beneficiary travel. Our Committee was recently informed that the VA has amended its medical series of regulations (38 CFR, part 17) concerning veterans beneficiary travel, which will prohibit payment for the cost of travel for medical treatment for both privately owned or public conveyances (common carrier) performed within a 100 mile radius of the nearest VA medical care facility. The only VA medical care facility in Hawaii is on the Island of Oahu consequently, this amendment will have an adverse effect on most of our veterans residing on the neighbor islands. I'm sure that those individuals involved in amending these regulation were not aware that we are a State comprised of Seven Islands and it is imporssible to drive to the nearest VA medical center for those Veterans residing outside Oahu. since approximately 35% of our veteran population resides on the neighbor islands, this amendment will place a major financial burden on our veterans living on fixed incomes. In this respect, Mr. Chairman, our Committee recommends two alternative remedies to this situation. First, that your Committee sponsor legislation to correct this inequity and second, that yourequest that the Office of Management and Budget make an exception to these amendments for veterans residing in the island State of Hawaii.

Mr. Chairman, as mentioned earlier, our Committee recently sponsored legislation to establish a State Veterans Cemetery on the Island of Oahu. We mention this again beause it ties into the need for a long term care facility for our veterans. It is our Committee's intent that lands designated for the State Veterans Cemetery site also include lands for a future veterans long term care facility. In the very near future, as the establishment of a State Veterans Cemetery progresses, we will be filing an application for Federal funding to develop a State Veterans Care Home and will request assistance from your office.

I have only touched upon three areas of health care issues for veterans in Hawaii. I know that there are many more issues but I'll defer the discussion of those issues to the veterans here at todays hearing. In closing I want to stress that Hawaii's veterans have been very patient and have believed that, in due time, our health care problems would be recognized by those in Washington, D.D. However, it has been forty-one years since the end of World War II and Hawaii still falls short in providing adequate medical facilities for its veterans. I know that after hearing all of the testimony presented here today, your Committee will take the appropriate action essential to provide fair and equitable medical care for its veterans here in Hawaii.

Respectfully,

Jimmy Wong

Senator Jimmy Wong
on behalf of the Senate Committee on
Military and Civil Defense

AMVETS
American Veterans of World War II, Korea and Vietnam
VA Regional Office
Federal Building R. 1307
300 Ala Moana Boulevard (Mail: P.O. Box 50188, 96850)
Honolulu, Hawaii 96813

Albert H. Reed
National Service Officer

Telephone (808) [redacted]
541-1613

MARCH 20, 1987

MR. CHAIRMAN AND MEMBERS OF THE VETERANS COMMITTEE:

I WOULD LIKE TO THANK YOU FOR GIVING ME THE OPPORTUNITY TO TESTIFY ON BEHALF OF THE APPROXIMATELY 4,000 VETERANS I HAVE ASSISTED DURING THE PAST FIVE YEARS IN MY CAPACITY AS AN ACCREDITED NATIONAL SERVICE OFFICER FOR AMVETS (AMERICAN VETERANS OF WORLD WAR II, KOREA AND VIETNAM). DUE TO THE EXPERIENCE I HAVE GAINED WHILE WORKING WITH THESE VETERANS, IN PROCESSING THEIR CLAIMS WITH THE VETERANS ADMINISTRATION, AND BASED ON MY OWN PERSONAL EXPERIENCES IN THE HEALTH CARE SYSTEM IN HAWAII, I FEEL THAT I AM QUALIFIED TO MAKE THE FOLLOWING STATEMENT AND RECOMMENDATIONS:

THE FIRST ITEM THAT I WOULD LIKE TO DISCUSS IS THE MEDICAL TREATMENT RECEIVED BY THE APPROXIMATELY 120,000 VETERANS IN THE PACIFIC BASIN (HAWAII, GUAM, SAMOA, AND THE VARIOUS OTHER ISLAND GROUPS EXCLUDING THE PHILIPPINES), THE ONLY FACILITY FOR THE MEDICAL CARE OF THESE VETERANS IS TRIPLER ARMY MEDICAL CENTER, WHOSE PRIMARY OBJECTIVE IS THE CARE AND TREATMENT OF ACTIVE DUTY MILITARY AND THEIR DEPENDENTS. THIS IS NOT TO SAY THAT THE PERSONNEL AT TRIPLER DO NOT TRY TO GIVE VETERANS THE BEST CARE THEY ARE CAPABLE OF, BUT THEY ARE NOT SET UP OR EQUIPPED TO HANDLE THE NEEDS OF THE VETERAN POPULATION. LONG WAITING PERIODS FOR APPOINTMENTS, NONAVAILABILITY OF BED SPACE, LACK OF UNDERSTANDING OF THE NON-MILITARY PERSONNEL, ARE BUT A FEW OF THE PROBLEMS FACED BY THE VETERAN WHEN TRYING TO OBTAIN TREATMENT ON A ROUTINE BASIS.

EMERGENCY CARE IS USUALLY PROMPT AND PROFESSIONAL, BUT EVEN HERE, THE VETERAN RUNS INTO PROBLEMS, FOR INSTANCE, WHEN A VETERAN IS SENT TO TRIPLER FOR ADMISSION VIA THEIR EMERGENCY ROOM, IF THEIR PERSONNEL FEEL THAT THE VETERAN IS NOT IN OBVIOUS DISTRESS, THEY WILL NOT HOSPITALIZE THE VETERAN EVEN THOUGH THE VETERANS

ADMINISTRATION MEDICAL STAFF HAS RECOMMENDED THE HOSPITALIZATION BASED ON THEIR OBSERVANCE AND DIAGNOSIS, WHICH IN EFFECT MEANS THAT THE TREATMENT A VETERAN HAS RECEIVED FROM THE VETERANS ADMINISTRATION MEDICAL STAFF IS SUBJECT TO SCRUTINY, MISINTERPRETATION OR MISDIAGNOSIS (I.E. VETERANS ADMINISTRATION MEDICAL STAFF DIAGNOSE A VETERAN AS SUFFERING FROM POST TRAUMATIC STRESS DISORDER, BUT WHEN HE IS ADMITTED TO TRIPLER, HE IS DIAGNOSED AS SCHIZOPHRENIC OR SUFFERING FROM ALCOHOL ABUSE AND IS TREATED BASED ON THIS DIAGNOSIS), BY PERSONNEL WHO DO NOT HAVE THE PERSONAL KNOWLEDGE OF THE PATIENT OR HIS NEEDS. IN ADDITION, WITH THE PROBLEMS TRIPLER ARMY MEDICAL CENTER IS CURRENTLY EXPERIENCING WITH MALPRACTICE SUITS, LOSING OR MISPLACING RECORDS, AND SHORTAGE OF STAFF, THE ABILITY OF TRIPLER ARMY MEDICAL CENTER TO PROVIDE ADEQUATE TREATMENT FOR VETERANS IS FURTHER SUSPECT. BASED ON THE AFOREMENTIONED PROBLEM AREAS, I WOULD LIKE TO MAKE THE FOLLOWING RECOMMENDATIONS AND RESPECTFULLY REQUEST THAT THEY BE CONSIDERED IN YOUR DISCUSSION:

1. THE ESTABLISHMENT OF A VETERANS ADMINISTRATION MEDICAL CENTER IN HAWAII. THE VETERAN POPULATION IN THE PACIFIC BASIN ALONE JUSTIFIES THE ESTABLISHMENT OF THIS FACILITY.
2. IN THE EVENT FUNDS ARE NOT AVAILABLE FOR THE ESTABLISHMENT OF THE MEDICAL FACILITY RECOMMEND THAT THE VETERANS ADMINISTRATION BE AUTHORIZED, AND ADEQUATE FUNDS ALLOCATED, TO ESTABLISH A LONG-TERM TREATMENT WING AT ONE OF THE LOCAL MEDICAL FACILITIES. THE ANCILLARY SERVICES THAT COULD BE PROVIDED BY ONE OF THE LOCAL HOSPITALS WOULD JUSTIFY THE EXPENSE INCURRED IN THE ESTABLISHMENT OF THE VETERANS TREATMENT CENTER.

THE SECOND ITEM I WOULD LIKE TO DISCUSS IS VIETNAM VETERANS LOCATED ON THE OUTER ISLANDS. IT IS VERY DIFFICULT FOR THESE VETERANS TO OBTAIN READJUSTMENT COUNSELING, IN PARTICULAR, TREATMENT AND THERAPY FOR POST TRAUMATIC STRESS DISORDER. AT PRESENT, IT IS A FINANCIAL BURDEN ON THE VETERAN WHO DESIRES TO RECEIVE TREATMENT BECAUSE THERE ARE NOT, IN MY OPINION, ADEQUATE FACILITIES FOR THEIR TREATMENT OR COUNSELING, ON THE OUTER ISLANDS AND THE VETERAN MUST PAY FOR HIS TRANSPORTATION ON OAHU, WHERE THE CENTER IS ALREADY OVERWORKED, IF HE DESIRES MORE PROFESSIONAL TREATMENT. THUS, MANY VETERANS ARE NOT RECEIVING THE TREATMENT THEY DESERVE BECAUSE OF LACK OF FUNDS. THE FOLLOWING RECOMMENDATIONS ARE MADE:

1. A READJUSTMENT CENTER BE ESTABLISHED ON EACH ISLAND WHERE THE VETERAN POPULATION IS SUBSTANTIAL. CURRENTLY, THE ONLY VA READJUSTMENT CENTER IS ON OAHU.
2. QUALIFIED PERSONNEL BE ASSIGNED TO COUNSEL VETERANS AT EACH READJUSTMENT CENTER. CURRENTLY, VETERANS RECEIVE COUNSELING AND TREATMENT THROUGH PRIVATE REHABILITATION SERVICES THAT HAVE BEEN CONTRACTED BY THE VETERANS ADMINISTRATION. THESE CENTERS ARE USUALLY STAFFED BY NON-VETERAN PERSONNEL WHO ARE NOT COGNIZANT OR UNDERSTANDING OF THE PROBLEMS AND NEEDS OF VIETNAM VETERANS, AND IN PARTICULAR, THOSE SUFFERING FROM POST TRAUMATIC STRESS DISORDER. FOR EXAMPLE, IT HAS BEEN REPORTED TO ME, BY VETERANS, THAT THE MENTAL HEALTH PROFESSIONALS AT MAUI MEMORIAL HOSPITAL DO NOT UNDERSTAND THE SIGNIFICANCE OF POST TRAUMATIC STRESS DISORDER AND FEEL UNCOMFORTABLE IN TREATING VETERANS WHO SUFFER FROM THIS DISORDER.
3. IF THE FUNDS FOR THE ESTABLISHMENT OF THESE CENTERS CANNOT BE FOUND, THEN MORE FUNDS SHOULD BE ALLOCATED TO ALLAY THE TRAVEL EXPENSES INCURRED BY VETERANS COMING TO OAHU FOR TREATMENT. THESE FUNDS SHOULD ALSO BE USED TO DEFRAY THE COSTS INCURRED BY VETERANS WHO TRAVEL TO OAHU FOR ANY TYPE OF MEDICAL EXAMINATION THAT IS DEEMED NECESSARY OR DESIRABLE BY THE VETERANS ADMINISTRATION.
4. BENEFICIARY TRAVEL PROGRAM NEEDS TO BE EXPANDED AND INCREASED FUNDING IS NEEDED FOR VETERANS WHO NEED TO BE PROVIDED TRAVEL EXPENSES TO GO FROM THE VETERANS ADMINISTRATION REGIONAL OFFICE TO THE OTHER FACILITIES SUCH AS TRIPLER ARMY MEDICAL CENTER, CASTLE MEDICAL CENTER, ETC. WITH THE VETERANS ADMINISTRATION PRESENT FUNDING LEVEL, THERE IS A POSSIBILITY BENEFICIARY TRAVEL MAY BE LIMITED TO AMBULANCE SERVICE ONLY. THIS WOULD,

IN MY OPINION, BE DETRIMENTAL TO THE VETERAN WHO NEEDS ALTERNATE TRANSPORTATION SERVICES SUCH AS A TAXI. FOR EXAMPLE, A VETERAN WHO IS SEEN AT A VETERANS ADMINISTRATION MENTAL HEALTH CLINIC AND WHO NEEDS HOSPITALIZATION, BUT IS NOT SHOWING ANY VIOLANCE TOWARDS HIMSELF AND OTHERS, COULD BE SENT BY TAXI STRAIGHT TO A TREATMENT FACILITY WHERE HE WOULD BE LET OFF IN FRONT OF THE EMERGENCY ROOM AND BE IMMEDIATELY PROCESSED. WHEREAS, IF THE VETERAN IS DISORIENTED AND HAS TO TAKE A BUS, THERE IS A DISTINCT POSSIBILITY HE WOULD MISS A STOP OR FORGET WHERE HE WAS GOING IN THE FIRST PLACE.

THE THIRD ITEM FOR DISCUSSION IS THE INADEQUATE STAFFING OF THE HONOLULU VETERANS ADMINISTRATION REGIONAL OFFICE AND THE OUTPATIENT MEDICAL CLINIC. IT IS MY OPINION THAT DUE TO THE UNDERSTAFFING, IT TAKES AN INORDINATE AMOUNT OF TIME TO MAKE APPOINTMENTS, OBTAIN FILES, PROCESS CLAIMS, SCHEDULE COMPENSATION EXAMINATIONS, COMPLETE REQUIRED PAPERWORK, ETC.

RECOMMENDATIONS:

1. APPROVAL OF MORE STAFFING FOR THE REGIONAL OFFICE AND OUTPATIENT CLINIC. SINCE THE VETERAN POPULATION IN THE PACIFIC BASIN IS SO LARGE A CORRESPONDING INCREASE IN PERSONNEL, TO INCLUDE MENTAL HEALTH PROFESSIONALS, IS NOT ONLY DESIRABLE BUT AN ABSOLUTE MUST, IN ORDER TO PROVIDE THE LEVEL OF CARE THAT VETERANS DESERVE.

THE NEXT ITEM FOR DISCUSSION IS THE ESTABLISHMENT OF ANOTHER CEMETARY IN HAWAII FOR THE BURIAL OF QUALIFIED VETERANS. AT PRESENT THE NATIONAL MEMORIAL CEMETARY OF THE PACIFIC IS ALMOST FULL AND NO PROVISIONS HAVE BEEN MADE FOR EXPANDING THE FACILITY OR ESTABLISHING A NEW MEMORIAL CEMETARY, FUNDS BE ALLOCATED FOR ESTABLISHMENT OF A NEW CEMETARY FOR VETERANS HERE IN HAWAII.

RECOMMENDATION:

1. THAT FUNDS BE ALLOCATED FOR THE ESTABLISHMENT OF A NEW CEMETARY IN HAWAII FOR VETERANS. AT PRESENT, THERE IS ONLY ONE CEMETARY AVAILABLE IN THE PACIFIC BASIN WHEREAS THERE ARE STATES THAT HAVE LESS THAN ONE HALF THE VETERAN POPULATION OF HAWAII BUT HAVE TWO, THREE, AND FOUR CEMETARIES (I.E. WEST VIRGINIA, ETC.).

IN CLOSING, I WOULD LIKE TO RECOMMEND THAT A VETERANS ADMINISTRATION MEDICAL CENTER BE CONSIDERED FOR HAWAII. THERE ARE OTHER STATES IN THE UNION THAT HAVE MORE THAN ONE MEDICAL CENTER THAT HAVE A MUCH SMALLER VETERAN POPULATION THAN HAWAII (I.E. NORTH DAKOTA).

ALSO, I WOULD LIKE TO RECOMMEND THAT A READJUSTMENT CENTER BE PLACE ON EACH OF THE ISLANDS OR AT LEAST A TRAVELING READJUSTMENT CENTER TEAM BE SENT TO THE OUTER ISLANDS ON A WEEKLY BASIS IN ORDER TO ASSIST THE VIETNAM VETERANS LOCATED THERE. OTHER AREAS, WITH A SMALLER VIETNAM VETERAN POPULATION THAN HAWAII, HAVE SEVERAL READJUSTMENT CENTERS (I.E. PUERTO RICO).

AGAIN, ON BEHALF OF AMVETS AND ITS MEMBERS HERE IN HAWAII, AND THE VETERANS I SERVE IN MY CAPACITY AS A NATIONAL SERVICE OFFICER, I WANT TO THANK THIS COMMITTEE FOR THEIR PATIENCE AND SINCERELY HOPE THAT THE PROBLEMS THAT VETERANS ARE FACING HERE IN HAWAII CAN BE RESOLVED.

THANK YOU MR. CHAIRMAN.

Albert H Reed

ALBERT H. REED, M.A.
NATIONAL SERVICE OFFICER

STATEMENT OF
DONALD J. WOROBE
DEPARTMENT COMMANDER
DISABLED AMERICAN VETERANS, DEPARTMENT OF HAWAII
BEFORE THE
COMMITTEE ON VETERANS AFFAIRS
OF THE
UNITED STATES SENATE
HONOLULU, HAWAII
April 14, 1987

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

On behalf of the over thirty-five hundred members of the Disabled American Veterans, Department of Hawaii, and its ladies Auxiliary, may I say that it is indeed an honor and privilege to appear before you today.

Mr. Chairman, our testimony has been requested relating to the access of Hawaii's veterans to Veterans' Administration health care furnished by the VA or at VA expense; and with regard to Vietnam veterans in need of readjustment counseling services, the availability of specialized psychological counseling and support services in Hawaii. Because my organization's members also extend to other areas in the Pacific Basin, my testimony will also include that group of veterans in American Samoa and Guam.

At this time I want to state for the record that the comments contained in this statement reflect the views of the Disabled American Veterans, Department of Hawaii, and do not necessarily represent the views of the National Organization; the Disabled American Veterans.

Mr. Chairman, the subject of access of veterans to VA health care furnished by the VA, or at VA expense, is of prime concern to us in Hawaii. We are an island State, separated by miles of ocean, unconnected by any form of land transportation, on which islands many of our veterans live. These veterans are constantly voicing their concerns that they are being denied care for which they are eligible, and by law, entitled, because of the very fact of distance from care. I am sure that my counterparts, the Commanders of the other veterans' service organizations, hear the same concerns from their members.

Mr. Chairman, in January, 1987, the Disabled American Veterans, together with the American Veterans of World War II, Korea, and Vietnam (AMVETS); the Paralyzed Veterans of America (PVA); and the Veterans of Foreign Wars of the United States (VFW); submitted a budget proposal to the Congress which over the past years, has labored hard and long to provide an adequate budget for veterans' health care.

The document, "AN INDEPENDENT HEALTH CARE BUDGET FOR VETERANS", covers the basic resource requirements of the VA's health care delivery system. It is a combined effort of four major veterans' service organizations connoting a final loss of confidence in the Office of Management and Budget's intention or ability to address veterans' issues objectively or to support the moral and legal obligations which this nation has accorded the men and women who have served their country. This document has been given the widest dissemination and a copy has been provided to this Committee.

Mr. Chairman, Hawaii has a veteran population of over 110,000 men and women. Hawaii has no VA Hospital. Hawaii has but one VA outpatient Clinic, located on the Island of Oahu, which is under-staffed to meet the needs of a population of that size, when we also must provide health care services to our veterans living far away in the Pacific Basin. States with far fewer veterans can boast of having at leat one major VA hospital, and additional VA Outpatient Clinics. (see attachment 1).

A large number of our veterans live on our neighbor islands, and in the Pacific Basin. A significant number of these are World War II veterans who have already reached the age of 65, or older, an age at which statistics show their health needs rise. But distance precludes their obtaining the VA care to which they are eligible, or by law, entitled. That veteran population also includes a significant number of Vietnam veterans who need specialized psychological counseling and support services. In Hawaii, State of Hawaii Verterans' Affairs Counsellors are the only on-site [redacted] personnel available to assist our veterans in making claims to the VA or requesting needed health care. These counsellors lack the extensive training needed to properly determine needs, which may result in misdiagnosis or incomplete care. One neighbor island has had a vacancy in that position for over one year, thus further limiting the veterans' access to needed VA asasistance. There is also a lack of psychiatric personnel residing and practicing on the neighbor islands, again resulting in a further limit to urgently needed care and support for our older veterans and our Vietnam veterans in need of this service.

Mr. Chairman, to alleviate this situation there needs to be established a traveling mental health team, mainly onsultive in nature, originating from the VA Outpatient Clinic in Honolulu. This team must include in its organization a psychiatrist, psychologist, a social worker, and secretary, with infrequent attendance by other health care providers, such as a nurse, alcohol specialist, etc. The team would need to travel on a monthly basis to each of our neighbor islands, and make at least quarterly visits to Guam and American Samoa.

Examinations could be set up in State mental health clinics or outreach offices with appointments made by local staff who would also arrange contacts with health care providers, veterans' organizations, and others.

Mr. Chairman, the DAV has continually expressed its commitment toward assisting Vietnam veterans suffering psychological problems associated with their military service. As early as 1976 the DAV provided funding for "THE FORGOTTEN WARRIOR PROJECT" a study which led to the DAV initiating the Vietnam Veterans Outreach Program. The DAV believes that due to its efforts, the VA created their current network of Vet Centers. This vital program has been and will continue to be utilized by veterans of the Vietnam Conflict. The DAV strongly supports the concept that the VA must move forward to integrate these services into the mainstream of traditional and existing VA health care facilities -- VA medical centers. Hawaii has a very large number of these veterans in its population, and Hawaii is lacking the very facilities to which I address these comments.

Hawaii's veterans are as eligible as veterans in other states for VA provided health care services, including the urgently needed psychological counseling and support services. Hawaii's veterans have the same entitlements as veterans in other states. Yet, Hawaii's veterans have historically been overlooked by the VA for priority consideration in the construction of adequate health care facilities, and the expansion of services to our veterans living on the neighbor islands and the Pacific Basin.

Mr. Chairman, the Disabled American Veterans, Department of Hawaii strongly believes that there exists a need to have a VA hospital in Hawaii. Our disabled veterans are the principle users of the VA in-patient care presently being provided at Tripler Army Medical Center. I am sure that you are aware of the many substantiated complaints which have been addressed by our veterans' population in recent years regarding the treatment received at that Active Duty Military Medical Facility. The complaints range from a feeling that VA patients, (veterans) are being shunted by the staff and given low priority in treatment, to a feeling of a lack of understanding by the active duty military staff relating to the personal treatment given to veterans, which causes stress and depression. In addition, the VA itself has experienced difficulty in obtaining hospital reports which are essential in filing VA disability claims; such as claims for Paragraph 29 or 30 benefits or possible increased disability ratings.

This history of service has resulted in many of our veterans being reluctant to accept treatment at Tripler. They are forced to use private health insurance to obtain in-patient care by other health care providers.

The Disabled American Veterans, Department of Hawaii believes that existing VA laws governing health care demands that elgible and entitled veterans must be able to receive the highest quality of medical care; and therefore we strongly urge the construction of a VA hospital in Hawaii. There are several options available to the creation of such a VA hospital, and they are outlined in attachment 2.

Mr. Chairman, over fifty-percent of our veterans population are beyond the age of 65. In the very near future, many of these veterans will be in need of nursing home care. There are several private nursing homes throughout the State. There is no VA nursing home, nor any VA long-term care facility in Hawaii. The cost of care in a private nursing home is far beyond the resources of most of our older veterans. There is definately a need for a VA nursing facility in Hawaii to provide the care for our veterans of Hawaii and the Pacific Basin. This facility may be constructed in conjunction with a complete VA hospital, or it may be established at Unit E at Tripler Army Medical Center at such time as that Unit may become available to the VA after current rennovation projects are completed. (see attachment 2).

Mr. Chairman, another concern of our veterans is in the area of beneficiary travel. Beneficiary travel for our neighbor island veterans and veterans in the Pacific Basin must be increased to include all veterans, not only the service-connected veterans. Recent changes to the VA beneficiary travel program are such that the VA is no longer authorized to pay for air travel for a veteran seeking treatment at a VA medical facility. This is totally unacceptable for Hawaii and the Pacific Basin. As previously stated in this testimony we are an island State, not connected by any form of land transportation between islands. To deny beneficiary air travel to our veterans living on the neighbor islands, or the islands in the Pacific Basin, would deny to those veterans the health care to which they are eligible, and legally entitled. The inclusion of all veterans living on our neighbor islands and the Pacific Basin, not only service-connected veterans, as eligible to receive beneficiary travel is an important factor to us in Hawaii. Those veterans who by reason of age and income fall into that category of being classified as medically indigent, are given no choice except to be treated as welfare patients. Mr. Chairman, these are men and women who served their country -- they are NOT welfare cases!

A final area of concern to the Disabled American Veterans, Department of Hawaii concerns the monthly fee for outpatient care. We believe that the monthly fee should be increased from the present $75.00 to $100.00. The cost of living in Hawaii is very high. Many private physicians are reluctant to treat VA patients because of the current $75.00 ceiling. Again, many of our veterans have been forced to purchase, and use, private health insurance to obtain care to which they are eligible and legally entitled.

Mr. Chairman, this concludes my testimony and I again wish to thank you and the members of the Committee for allowing us this opportunity to present our views on these important issues.

A-1

STATES WITH LESS VETERAN'S POPULATION THAN HAWAII AND NUMBER OF V.A. HOSPITALS

STATE	VETERAN'S POPULATION *	NUMBER OF HOSPITALS
Hawaii	97,000	0
Deleware	76,000	1 (336 beds)
District of Columbia	63,000	1 (708 beds)
North Dakota	68,000	1 (224 beds)
South Dakota	79,000	3 (249 beds) (232 beds) (419 psych beds)
Vermont	64,000	1 (194 beds)
Wyoming	68,000	2 (129 beds) (358 psych beds)

* 1984 census

Attachment 1

A-2-1

SUMMARY OF V.A. HEALTH CARE OPTIONS IN HAWAII

A. Long-Term Care Center Options.

Locations.

1. E-Wing at Tripler Army Medical Center (Appropriations previously authorized. If not cancelled by VA action, project will not be ready until mid-1900's).
2. Freestanding Unit at TAMC.
3. In Queen's Medical Center (QMC).
4. Separate Structure built with QMC.
5. Freestanding Unit in Honolulu.
6. Community contracts.
7. Built as part of an acute unit.

The long-term care center will consist of 60 nursing home beds plus to 40 contract beds.

B. Acute VA Beds

Location.

1. TAMC plus private hospitals plus neighbor island hospitals (current situation).
2. TAMC plus VA supplement (Federal option) (separate wing ?)
3. Freestanding hospital.
   - a. At TAMC
   - b. In Honolulu.
4. QMC wing (private option).
5. Acute contracts with all private and state hospitals (privatization).

Acute beds would consist of 40 medical, 25 surgical, and 25 psychiatric.

C. CURRENT DESTABILIZATION SCENARIO CONCERNING ACUTE BEDS AT TRIPLER ARMY MEDICAL CENTER

The decrease in resources and modifications of their mission has resulted in a shift of more and more VA patients to the private sector. This includes inpatient care, outpatient care and special procedures (echocardiograms, cardiac catheterizations, ect.). The referral of veterans for medical care throughout the community has resulted in the fragmentation of VA care. This fragmentation requires a realignment of VA care, and has a real affect on our veteran's population and their receipt of adequate health care services.

ATTACHMENT 2

1987 APR -7 AM 10: 44

DISABLED AMERICAN VETERANS

DEPARTMENT of HAWAII

Headquarters
2685 N. Nimitz Highway
Honolulu, Hawaii 96819

National Service Office
V.A. Regional Office
P.O. Box 50188
Honolulu, Hawaii 96850

April 2, 1987

Honorable Spark M. Matsunaga
U.S. Senate
Room 109
Hart Senate Office Bldg
Washington, D.C. 20510

Dear Senator Matsunaga:

Enclosed are copies of two letters I have written this date concerning the problem facing Hawaii's neighbor island veterans with regard to the elimination of the beneficiary travel payments.

In my testimony, to be presented on April 14, 1987, I only touched this subject slightly. I feel that this matter is of greater importance than the other subjects I addressed, and therefore, I plan to devote a major portion of my oral statement to this issue.

Senator, the veterans in Hawaii have been too silent for too long. It has been forty-one years since the end of World War II, and Hawaii still lacks adequate medical facilities for its veterans. The care offered, and being received at Tripler Army Medical Center is fair, at best. You are most aware of the many problems concerning that subject, and I am confident that others will address the subject at the hearings in April. I am also confident that the issue of psychological support services for our Vietnam Veterans will be addressed in great detail.

The DAV must take the initiative and place emphasis on the issue of beneficiary travel and the possibility of having Hawaii and our brothers and sisters in the Pacific Basin being exempted from the elimination of beneficiary travel.

If you concur, please have your office inform me at the earliest so that I may revise and extend my oral remarks to cover this subject.

With best wishes and aloha.

Sincerely,

Donald J. Worobe

Donald J. Worobe
Department Commander

cc: Honolulu Office

DISABLED AMERICAN VETERANS
DEPARTMENT of HAWAII

Headquarters
2685 N Nimitz Highway
Honolulu, Hawaii 96819

National Service Office
V A Regional Office
P O Box 50188
Honolulu Hawaii 96850

April 2, 1987

Honorable Alan Cranston
Chairman, Senate Veterans Affairs
  Committee
Room 414
Russell Office Building
Washington, D.C. 20510

Dear Senator Cranston:

I am writing you this letter seeking your immediate assistance in righting a wrong. As you well know, as of April 13, 1987, Beneficiary Travel payments have been virtually eliminated by the VA. This is totally unacceptable for the over 110,000 veterans in the State of Hawaii!

Hawaii is an island State, with no connecting causeways between our islands. Hawaii has but one VA Medical facility located on the island of Oahu. It is an outpatient clinic. Approximately 35% of our veterans reside on the neighbor islands, and in that population, many are receiving service-connected medical benefits from the VA and must travel to Oahu for their treatment. With the loss of beneficiary travel payments, these veterans are being denied the treatment they are eligible to receive, and by law, entitled!

In reading the approved amendment to 38 CFR, Part 17, in the Federal Register, Vol 52, No. 48, dated Thursday, March 12, 1987, pages 7575 through 7577, it is interesting to note that 136 out of 138 commentors to the amendment found concerns with the amendment. The VA Administrator, however, approved the amendment. None of the commentors spoke to the problems facing Hawaii's veterans. This is usually the case. Concerns are almost always addressed to the visable population on the mainland.

Mr. Chairman, if our veterans, living on our neighbor islands must suffer the pains of war, must they also suffer the indignity of being treated after welfare patients? This will be the case if our veterans must receive contracted treatment on the neighbor islands. These are our nation's heros, they are not welfare patients!

Senator Cranston
April 2, 1987
Page 2

If this regulation amendment was addressed as being cost effective, it is not, considering Hawaii. The maximum cost to fly between islands is $90.00. The daily cost to the VA at Tripler Army Medical Center is $410.00. The cost to hospitalize a veteran at a neighbor island medical facility is approximately $1500.00 per day. This is neither cost effective, nor fair.

Mr. Chairman, the Veterans Administration is mandated by law to provide the very best of care to our nation's veterans. Hawaii's veterans have never enjoyed the many niceties of their comrades on the mainland, with regard to VA medical facilities. Are Hawaii's veterans to be short-changed again?

Mr. Chairman, I thank you for taking the time to read this plea for help, and trust that you can use your influence to correct this situation.

With best wishes and aloha.

Sincerely,

Donald J. Worobe
Department Commander

Copy to:
Senator Matsunaga
DAV National Commander Musselmann
DAV Executive Headquarters, Wash, D.C.

DISABLED AMERICAN VETERANS
DEPARTMENT of HAWAII

Headquarters
2685 N. Nimitz Highway
Honolulu, Hawaii 96819

National Service Office
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P O Box 50188
Honolulu, Hawaii 96850

April 2, 1987

Honorable G.V. Montgomery
Chairman, House Veterans' Affairs
Committee
Room 335, Cannon House Office Bldg.
Washington, D.C. 20515

Dear Mr. Montgomery:

I am writing this letter to you seeking your immediate assistance to correct a wrong. As you well know, as of April 13, 1987, Beneficiary Travel payments have been drastically cut, or perhaps it is better said, virtually eliminated. This is totally unacceptable for the over 110,000 veterans in the State of Hawaii!

Mr. Chairman, Hawaii is an island State, with no connecting causeways between our neighbor islands. We have but one VA Medical Facility in the State, the Outpatient Clinic, which is located on the Island of Oahu. By our most recent estimates, approximately 35% of our veterans reside on the neighbor islands. In that group, many are receiving service-connected medical benefits from the VA and have been brought over to Oahu for their treatment. With the loss of beneficiary travel, these veterans are being denied the treatment they are eligible to receive, and by law, entitled!

On pages 7575 through 7577 of the Federal Register, Volume 52, Number 48, dated Thursday, March 12, 1987 there appears the final action taken by the Veterans Administration Administrator concerning the amendment to 38 CFR Part 17 of VA Regulations. Included in this document is reference to Executive Order 12291 containing a statement, inter alia, there is no impact regarding geographic regions. I do not believe that any consideration was made addressing the veterans in Hawaii. Also contained in the statement is the fact that out of 138 commentors, 136 expressed some concerns about the impact this amendment would cause, again no one spoke to the geographic situation of Hawaii.

Mr. Chairman, last year the DAV, and other major veterans' service organizations called on you to correct several wrongs which took place by a hasty Congress and the VA in its budget. The Disabled American Veterans, Department of Hawaii, now call on you to assist us in righting this grievious wrong.

Senator Montgomery
April 2, 1987
Page 2

Mr. Chairman, when you fly over our beautiful state later this month, when you and several members of the Disabled American Veterans call on Tripler Army Medical Center on your trip further east, please look out the window and see if you can locate any causeway, available to our veterans between islands. I am sure you will find that our causeway is a beautiful shade of blue, with scattered white caps, and save for a few hearty souls, the only means of transportation between islands is by air.

If our veterans, living on the neighbor islands must suffer the pains of war, must they also suffer the pains of being treated after welfare patients? Mr. Chairman that will be the case. If the VA requires that our veterans receive care on neighbor island facilities, they are placed in line after the welfare patients. These are our nation's heros, they are not welfare cases! Also the cost to fly these veterans to Oahu for treatment is $90.00 round trip, and the daily cost for care at Tripler Army Medical Center is $410.00. The daily cost for hospitalization at most neighbor island medical facilities is about $1500.00, if surgery is indicated, less if not. This is not cost effective, nor is it fair. Hawaii's veterans have none of the niceties of our mainland comrades. We have a population which is over 10% of the State's, and we have but 52 beds allocated to us at Tripler Army Medical Center. Our civilian hospitals are not equipped to care for our veterans, and it is not their responsibility. The Veterans Administration is mandated by law to provide the very best of care to our veterans, and Hawaii's veterans have once again been shortchanged.

Mr. Chairman, I thank you for taking the time to read this plea for help, and trust that you can use your influence to correct this situation.

With best wishes and aloha.

Sincerely,

Donald J. Worobe
Department Commander

Copy to:
Senator Matsunaga
DAV National Commander Musselmann
DAV Executive Headquarters, Wash, D.C.

Testimony by Charles H. Turner, Commander, Military Order of the Purple Heart, Rainbow Chapter 483, Honolulu, Hawaii, at the April 14, 1987, hearing by the United States Senate Committee on Veterans' Affairs:

Mr. Chairman and Members of the Senate Committee on Veterans' Affairs:

I bring you greetings from my fellow members of the Rainbow Chapter, Military Order of the Purple Heart. We thank you for the opportunity of presenting testimony regarding the access of Hawaii veterans to the Veterans' Administration health care program.

My compatriots from other veterans' organizations will outline the issues raised by your committee in detail during this hearing. Suffice it to say that the Military Order of the Purple Heart supports their objectives and, in particular, hopes to see these major targets become a reality:

1. A Veterans' Administration hospital in Hawaii to handle acute care patients.
2. Readjustment counseling for Vietnam Era veterans.
3. Restoration of the beneficiary travel provisions.
4. An increase in outside care payments.

In addition to those four major goals, our organization is concerned about the impending closure of the National Memorial Cemetery of the Pacific to new burials. We have been informed that such burials will not be allowed within a year or two because there is no more space available. We have requested that the State Legislature move quickly to establish a State Cemetery System or at least make a land swap with a local cemetery so that a State Veterans' Cemetery can be opened on the Island of Oahu. The Veterans' Administration says that it will take five years to complete the necessary paperwork, get the appropriation and complete the cemetery. Time is of the essence, here. Our membership includes many veterans of World War Two and the Korean Conflict, as well as many severally wounded veterans of Vietnam. Although it sounds trite, we are living on borrowed time.

-more-

I have covered Memorial Day ceremonies and other events at the National Memorial Cemetery of the Pacific for various news agencies and newspapers for more than 35 years. After every ceremony, I said to myself: "This is where I'd like to be buried. You're never forgotten in a place like this."

As a young man just home from World War Two, I was appalled at the way some of the civilian cemeteries on the Mainland were neglected and run down. On the other hand, veterans' cemeteries--such as the one I had seen at Fort Bliss, Texas--were in beautiful shape. When I came to Hawaii during the Korean War and saw what a terrific job was being done at Punchbowl, I was at peace because I thought I had found my final resting place (although I wasn't quite ready for it).

Now that burials at Punchbowl are close to being phased out, you might wonder what I plan to do about my own personal funeral plans. Fortunately for me, my wife bought several plots on the Windward side of Oahu where Hawaiian Memorial Park is located. If I go to my maker after Punchbowl is closed, I will be buried there. Either way, my future is secure.

But that's not the situation for many other veterans here in Hawaii. Most of them have looked forward to being with their buddies when the time comes for "Taps." I talked to one of my relatives recently about the Punchbowl situation and he was appalled. He thought Punchbowl would be available in perpetuity. I'm sure he's not alone in that thought. There has been little publicity given to the fact that Punchbowl is almost full.

I have no doubt that when burials are halted at Punchbowl, the community will descend upon the politicians en masse and demand to know how Hawaii, with more than 100,000 veterans, could find itself without any alternate veterans' cemetery.

-more-

I pointed this out to the 76 members of the Hawaii Legislature in letters which were delivered to their offices in December. To date, I have received replies from about one dozen--all but one in favor of a veterans' cemetery. The other wanted more time to study the proposals now before the Legislature.

I'm afraid that if we wait any longer, with nations teetering on the brink of war almost every day, we won't have to fret about foot-dragging legislators.

New national cemeteries may have to be opened to handle more millions of service men and women--for make no mistake...women will have to be pressed into service just like men in event of World War Three.

God forbid we ever have to face that.

Thank you for your patience and for your invitation to comment on these important issues.

Charles H. Turner
Commander

NEEDS AND RECOMMENDATIONS FOR VETERANS SERVICES AND SUPPORT TO HAWAII STATE NEIGHBOR ISLAND VIETNAM VETERANS

VIETNAM VETERANS
OF MAUI

SUBMITTED BY
GERRY KINDELL
ROLAND E. LINES III
CHRIS S. ZBICIAK

VIETNAM VETERANS
OF MAUI
P. O. BOX 3
KAHULUI, HAWAII 96732

NEEDS AND RECOMMENDATIONS FOR VETERANS SERVICES AND SUPPORT TO HAWAII STATE NEIGHBOR ISLAND VIETNAM VETERANS

Submitted by Board of Directors, Vietnam Veterans of Maui

Faced with the chronic and unresolved problems of insufficient Veterans Administration (VA) and state veterans service support on each of Hawaii's neighbor islands, the Vietnam Veterans of Maui (VVM) drafted a petition/ proposal in March of this year. Briefly, this proposal requested the VA begin sending a specialized team of medical providers to each of Hawaii's neighbor islands on a regularly scheduled basis to evaluate and treat veterans for their service connected needs (enclosure 1). Because the recommendations made in that proposal were seen as most contructive, we received letters of support for our recommendations from Governor George Ariyoshi, Maui Mayor Hannibal Tavares, Senators Daniel Inouye and Sparky Matsunaga, Congressman Cecil Heftel, the Maui Chamber of Commerce Health Committee, Council members Goro Hokama and Marilyn Bornhorst. Each of the above officials have urged the VA in Honolulu to give this proposal serious consideration.

The purpose of this document is to address the Veterans Administration response to our proposal as represented by Sam Tiano's, VA Director, June 10 and July 12, 1986 letters to the Vietnam Veterans of Maui (enclosur 2 and 3):

From Sam Tiano's June 10, 1986 letter:

> "There are disadvantages for veterans who live in rural areas, but the are also advantages. Service connected veterans who live on Maui can see the physician of their choice. The service connected cards entitle veterans to $75.00 per month of treatment automatically, and upon request of your physician, this amount can be increased should your needs require this."
>
> "Service connected and non-service connected veterans can be hospitalized at Tripler Army Medical Center, and when appropriate, Maui Memorial Hospital, and various hospitals in Honolulu, and even referre to VA medical centers on the mainland."
>
> "Our previous request for a traveling VA mental health team has not been authorized. We therefore recommend you use the Maui Mental Health Center or Crawford Rehabilitation Center. Service connected veterans can be authorized private fee basis psychiatric care on an

> individual basis. We have flown veterans to PTSD centers on the mainland such as Menlo Park, California."

Sam Tiano's July 12, 1986 letter:

> "Our informal agreement with the state of Hawaii is that the state would be the principle provider of care for veterans in the outer islands."
>
> "Maui does not have the same depth of resources as Oahu. We do insure that those who are eligible receive the type of care that they need."
>
> "The state Veterans Affairs counselor is a state employee. You should address your concerns to her or any other appropriate state official."
>
> "We agree that service at Tripler is not optimal... Resolution will not be immediate."
>
> "We will be sending a VA psychologist to Maui weekly starting in about two weeks. He will work with veterans to ensure that all are being appropriately treated. If the patient demand is significant, a traveling VA mental health team will again be discussed with our regional medical director."

The most positive development which resulted from our proposal, as referenced in Mr. Tiano's last paragraph above, is that the VA assigned Dr. Rod Torigoe, the VA's Chief of Psychology, to begin visiting the island of Maui to see Vietnam veterans here who have been reporting problems and to link them up with the appropriate community resources. Although Dr. Torigoe has not visited Maui weekly as Sam Tiano said he would, he did come to Maui on three occasions during the month of August and he has completed the most comprehensive and accurate report of our community situation to date (enclosure 4). In short, Dr. Torigoe found, as we have been alleging all along, that federal and state veterans support services and access procedures are greatly lacking on Maui, as well as appropriate fee basis community resources.

First of all, Maui's Community Mental Health Center (MCMHC) is staffed by two psychiatrists, Drs. Pittenger and Randolph, both of whom have been trying to tell VA officials in Honolulu for years that they cannot adequately meet the psychiatric needs of Maui County's Vietnam veterans. Nonetheless, our mental health clinic remains our county's frontline psychiatric triage for veterans. Secondly, there are few if any private psychiatrists on Maui who have the time, specialized training and willingness to treat Vietnam veterans suffering from post traumatic stress disorder (PTSD) given the conditions of the VA's fee basis program. Third, Maui Memorial Hospital's inpatient psychiatric facility, Molokini Ward, is at best a holding tank for Maui County's veterans in acute psychiatric crisis, as noted by recent articles in the "Maui News" (enclosure 5).

The next place veterans with serious psychiatric needs are sent is usually to Tripler Army Medical Center (TAMC) on Oahu. First of all, TAMC is an Army hospital whose regimented procedures and treatment to date have proven most inappropriate and ineffective for Vietnam veterans suffering from PTSD and related problems. As noted, some of our veterans are sent to Menlo Park, a specialized VA treatment program on the mainland. However, because these programs are located so far away, most veterans who need this treatment will choose not to access it. Our veterans who have attended these programs, without their community support while in treatment and without adequate VA follow-up and community support services on their return, carry home a very poor prognosis. It should also be noted that the VA may pay to send a neighbor island vet to these mainland programs, but they will not pay this veteran for his return ticket home.

Maui's Veterans Affairs Officer, a state worker, has been "indefinitely disabled" for several months. More recently, the VA has begun to send Veterans Benefits Counselors to Maui on an intermittent basis. First of all, veterans here have a very poor history of getting their needs met by the former veterans service officer. Secondly, now they are seen, if they are fortunate enough to hear about these visits, by rotating service officers every so often. Clearly, this temporary substitute service lacks continuity and commitment on the part of the VA. Also, we ask ourselves why is Sam Tiano telling us to take up this problem with the appropriate state official as though he has no responsibility to try to change this problem? As a matter of fact, every time we have approached state officials providing veterans services, such as our Mental Health Clinic psychiatrists, DSSH personnel overseeing our Veterans Affairs Officer, or others, these state officials ask us why the VA is not taking a more active role in ensuring that these services become more functional for veterans here.

Our Hawaii State Employment Service (HSES) veterans service worker has a history of discouraging employers and veterans alike from participating in veterans employment and training programs. VA vocational rehab workers visit Maui on a quarterly basis only, and the services they offer are viewed as having little flexibility and utility. The VA claims adjudication process remains difficult to access, inconsistent, noncomprehensive, cumbersome and frustrating for all veterans alike. A significant percentage of neighbor island vets find it very difficult, impossible and/or extremely provocative to have to travel to Honolulu for VA disability and medical examinations.

We also note a recent statement by Jim Hall, VA director of alcohol treatment programs at TAMC, that because his medical clinic director has denied him, for several years, the travel money to go to Maui to conduct an onsite evaluation on our only residential chemical dependency treatment center, Aloha House, this facility has not been qualified to receive monies from the VA to provide such treatment to Vietnam veterans here. The VA does, however, have such a referral relationship with similar facilities on Oahu.

In 1975, President Gerald Ford asked all Americans to forget the Vietnam War. In 1979, based on testimony that between 500,000 and 800,000 Vietnam veterans were still suffering significant readjustment problems from the Vietnam War, congress funded "Operation Outreach" wherein community-based centers were set up to provide readjustment counseling services to Vietnam veterans. None of these services, however, became available to vets on the outer islands until October of 1982, when the VA began the contract with providers such as Crawford Health & Rehabilitation Services on Maui. These counseling services were not offered on the island of Molokai until 1984 when Crawford took it on its own travel expense, via the request of the Vietnam Vet Center in Honolulu, to provide these services to Molokai veterans.

Although many, including officials at the Vietnam Vet Center in Honolulu and Dr. Rod Torigoe, Chief VA Psychologist, feel Crawford's counseling services to vets on Maui and Molokai have been outstanding, the overall effectiveness of these programs services have been limited by the significant inadequacies we noted in the federal and state veterans support services on these neighbor islands. Although Crawford's vet counselors note their agency is compensated for in-person counseling only, they report they have had to expend a tremendous amount of additional time and expense trying to assist their vet clients in accessing the veterans services they have not previously been able to obtain. In turn, these counselors also report that far too many counseling hours are required to assist their vet clients in coping with the longstanding anger/rage they feel towards the VA and their country for not providing them the veterans services and support they have been trying to obtain for so many years.

Now that contract programs, such as those provided at Crawford Rehab, are finally beginning to succeed in their outreach to Hawaii's neighbor island veterans, we understand the VA has already begun to phase these programs out, and that congressional funding for "Operation Outreach" is scheduled to end in September of 1988. VA officials may also try to phase existing services into VA medical facilities, none of which exist on the neighbor islands. As the article Vet Centers Under Fire (enclosure 6) in September's "Vietnam Veterans of America" articulates, much of these programs' success to date is due to their community based, separate from VA, service structure.

Neighbor island vets have been trying to get the VA in Honolulu to understand and to respond to the reality of our situation as reported above for years. This is why we are so angered by reading statements such as the one made in the July 18, 1986 article in the "American Medical News" (enclosure 7):

> "Medical care provided by the Veterans Administration in Alaska needs to be modeled more like the efficient VA medical care system in Hawaii, said the VA office of inspector general in an audit of health care systems in both states. In fiscal year 1985, the VA spent 16.5 million in Hawaii to provide care to a veteran population of 102,400. In Alaska, 45.9 million was spent to provide care to a population of 67,100 veterans."

In short, the VA spent approximately three times as much money servicing veterans in Alaska, as opposed to Hawaii, to provide care to a veteran population one third the size of Hawaii's. Obviously, the performance rating of the Veterans Administration in Hawaii is rated more by budgetary objective than by the standard of care provided.

Shortly after Dr. Torigoe released his September 3, 1986 report to Dr. Vandervort, Dr. Vandervort ordered Dr. Torigoe's visits to Maui be discontinued. In a letter written to us later, Dr. Vandervort alleged he stopped these visits because Dr. Torigoe informed him he was having trouble scheduling enough Vietnam veterans to fill his schedule on his next trip to Maui. In actuality, Dr. Torigoe had more people scheduled to see that Friday in September than he had time for. When the Vietnam Veterans of Maui (VVM) learned that Dr. Torigoe's visits to Maui would be discontinued, we immediately drafted a letter to Dr. Vandervort and we flew to Honolulu to see Sam Tiano and Montgomery Watson, Assistant VA Director, to encourage these officials to reauthorize Dr. Torigoe's visits. We are thankful to Mr. Tiano for reauthorizing such. However, we remain apprehensive that the VA's lack of understanding of our situation may again lead to a discontinuing of Dr. Torigoe's visits, and to not being responsive to the recommendations this Chief of Psychology made in his report to Dr. Vandervort, because this report clearly validates our outcries for more veterans support. It should also be noted that the main reason Dr. Torigoe has been seeing many of the same veterans each time he comes to Maui is because, as yet, he has been unable to link these veterans with the appropriate community resources, as tasked by Dr. Vandervort, because such resources do not exist or are nonfunctional.

When VVM learned that Dr. Torigoe had completed a report on veterans services on Maui, we immediately asked VA officials to provide us a copy of this report. However, initially, the VA would not release this report to us. They did so later only because of our persistence and pressure, which included a visit by an ABC news team which came to Maui, Molokai and Oahu to film a documentary on our communities veterans service problems. This ABC news documentary is scheduled to be viewed somewhere around Veterans Day and we request that you view such.

In response to this pressure, Sam Tiano finally released Dr. Torigoe's report to us with his letter dated October 2, 1986 (enclosure 8). Note this VA Director attributes his reluctance to releasing this report to us because of his desire not to "create divisions" within the VA. Given the substance of that report, we have no doubt that it will create divisions especially among those VA officials who have, for so many years, in effect, ignored, minimized or negated our countless requests for more veterans support. While it is positive that Sam Tiano listed several actions he was going to take to try to address our concerns, it again angers us to see that he qualifies his chief psychologist's report by noting that Dr. Torigoe would likely change statements in his report if other facts and opinions were made known to him.

It is our strongest contention that Dr. Torigoe's report is the most factual, comprehensive and accurate analysis of our problems and needs by a VA official or anyone else to date, and that the only thing which really needs to change is for VA officials to become more responsive to the problems identified and recommendations made in that report. It is painfully clear that VA officials here have not responded to the needs of neighbor island veterans for far too long, and the problems that we have noted on Maui are even more pronounced on Molokai and other neighbor islands. Not only is Dr. Torigoe the first VA official to really look into our problems, but he has ha the courage to document these problems and begin to take the kinds of corrective actions which have truly begun to make a difference in the attitude of veterans here towards the VA. Be assured VVM will no longer tolerate VA officials efforts to explain away our problems and/or the facts presented in Dr. Torigoe's report. Such attitudes and behavior to date have only exacerbated the victimization and anger still felt so deeply by so many Vietnam veterans.

At this point, 12 to 17 years after our participation in the Vietnam War, we are asking ourselves why are we still fighting for what we should have received when we came home from that ungodly war? Why must we continue to have to prove our own case for veterans support when this is the mission our country tasked the Veterans Administration to perform? Also, how is it that the VA here can shuffle its ultimate responsibility to provide services to veterans on the outer islands to state agencies and officials who are asking us why the VA doesn't provide these functions themselves?

On a far more positive note, it was very encouraging to see that United States Senate Appropriations Committee Report No. 99-487 directed the VA to take action to ensure sufficient health care resources are made available to neighbor island veterans (enclosure 9):

> "The committee is concerned that veterans in isolated locations, such as Maui in the Hawaiian islands, may not have access to the range of health services they are entitled to receive. The committee understands there is particular difficulty in ensuring access to necessary services such as mental health care. The VA is directed to review this matter and to ensure that sufficient health care resources are made available to provide necessary care to isolated locations, particularly in situations for those veterans residing on islands away from any VA facility. The committee continues to receive reports, and since there is no VA hospital in Hawaii, insufficient training, research and clinical service resources are being allocated to the region".

After reviewing the Chief of Psychology's report and performing an indepth assessment of our situation, VVM feels the following actions need to take place to once and for all meet the needs of Hawaii's neighbor island veterans:

1. A traveling team of medical, mental health and veterans service specialists needs to visit each of Hawaii's neighbor islands on a regularly scheduled basis.

2. Short of building and staffing a VA hospital in the state, Hawaii needs at least one specialized residential treatment facility staffed to provide effective treatment to Vietnam veterans with PTSD and related problems. It is clearly not appropriate to implement such a program at Tripler Army Medical Center. It is noted that Queen's Medical Center may have space for such a program.

3. The VA here should perform a far more active educational role in training neighbor island state and community psychiatrists in the treatment of PTSD. They should also work much harder to make the VA's programs and medical reimbursement procedures more acceptable to local psychiatrists, medical doctors, pharmacists and other community providers.

4. The VA here needs to work much more closely with the state to upgrade veterans services provided at Maui Community's Mental Health Center, Hawaii State Employment Service, Department of Social Services and Housing, and Maui Memorial's Molokini Ward.

5. The VA here should provide Jim Hall at TAMC with the travel money to come to Maui to conduct his onsite visit of the Aloha House facility so that it may be authorized for VA reimbursement to provide residential chemical dependency treatment to veterans here, as on Oahu.

6. The VA's claims adjudication system should provide veterans in Hawaii's outer islands easier access, and a more fair, comprehensive and timely claims determination process. Furthermore, neighbor island veteran disability and medical exams should be performed by Honolulu VA officials or by local providers here on Maui saving veterans here from the problems and frustrations inherent in flying to Honolulu and saving the VA travel and lodging expenses they would have had to pay veterans here to fly over to Honolulu.

7. Maui's Veterans Service Officer should be replaced by a Vietnam veteran who is a VA employee, not a state employee, and this VA employee can then coordinate all VA support services for veterans in Maui County. In turn, the VA in Honolulu should assign one person to coordinate all service needs for each neighbor island.

8. Maui's Hawaii State Employment Service (HSES) veterans worker must make a far better effort at promoting and encouraging veterans training and employment programs with veterans and employers alike, or also be replaced by a Vietnam veteran who will make this effort.

9. The implementation of each of the above recommendations will greatly enhance the effectiveness of neighbor island contract providers readjustment counseling program services, however, the VA and congress must continue to support "Operation Outreach" until such time as our veterans demand for these services can no longer justify this continuance. Given the extended period of time before these services were made available to Vietnam veterans here, and the limitations inherent in this program's effectiveness without adequate veteran service support, there is still a very large percentage of neighbor island vets who will need these readjustment counseling services than have received it to date, or will have received it by the scheduled end of this program. It is too early to abandon or to phase out these programs, and it is most inappropriate to try to phase these services into existing VA medical facilities, located on Oahu.

At this point, be assured the Vietnam Veterans of Maui, as well as veterans on our other neighbor islands, will continue to do everything possible to ensure veterans here are provided the services and support they have needed since the Vietnam War. In turn, we truly expect to see that the VA, our state, *congress and our community take a more active role in implementing* the corrective actions made in this, and Dr. Torigoe's report, as soon as possible. To choose to ignore these problems further is to continue to prolong the Vietnam War in the minds of we veterans.

We are thankful for recent efforts by VA officials to more actively communicate with the VVM. We are even more grateful that the truthfulness of our requests for more veterans service support have finally come to light, largely due to the effort and courage of Dr. Rod Torigoe. We are also thankful for the support we have received from our community and state officials, agencies and associations and we hereby request they continue to provide this support to ensure that the above recommendations receive their due consideration.

Sincerely,

Gerry Kindell, Rolland E. Pines III Chris S.

Board Members of the Vietnam Veterans of Maui

cc: President Ronald Reagan
Governor George Ariyoshi
Senator Daniel Inouye
Senator Sparky Matsunaga
Mayor Hannibal Tavares
Maui Chamber of Commerce
John Waihee
Andy Anderson
Cecil Heftel
Goro Hokoma
Marilyn Bornhorst
Daniel Akaka
Neil Abercrombie
General Ternage
Sam Tiano
William Vandervort
Rod Torigoe
Steve Molnar
Richard MacDonald
Al Reed
VFW
DAV
American Legion
Vietnam Veterans of Kauai, American Legion
Dennis MeeLee, State Director Mental Health Services
Kazu Hamasaki, State Administrator of Veterans Services
Dr. Robert Pittenger, MCMHC Director
Steve Davis, ABC News
Jill Engledow, Maui News
Brooke Brown, Maui Inc.
VA Regional Medical Clinic Director

Enclosure 1

VIETNAM VETERANS
OF MAUI
P. O. BOX 3
KAHULUI, HAWAII 96732

TO: Senator Sparky Matsunaga

FROM: Vietnam Veterans of Maui

PETITION FOR INCREASED VETERANS ADMINISTRATION SERVICE SUPPORT

Hawaii State Outer Island Vietnam Veterans

THE NEED

Far too many outer island Vietnam Veterans are not receiving adequate evaluation, treatment and support for their service related problems.

There is no Veterans Administration hospital in the state of Hawaii. There is only Tripler Army Medical Center, located on the island of Oahu, lacking specialized treatment programs for vets and difficult to access even for outer island vets in need of immediate help. There are no Veterans Administration personnel stationed on the outer islands, and other than an occasional visit by the VA Voc Rehab specialist the only time we see Veterans Administration officials on the outer islands is in response to the suicides of our vets.

The Veterans Administration in Honolulu presently expends considerable resources flying outer island vets to and from Honolulu for evaluation and/or treatment. However, a significant number of additional outer island vets have either given up or never got started in the bureaucratic procedures necessary to establish VA service connected needs because of the difficulties inherent in that process. This is especially unfortunate for outer island vets with immediate psychiatric, chemical dependency or other serious problems. In essence, outer island vets have a much harder time getting their service related needs evaluated and treated and vets in need of immediate VA residential treatment are not likely to receive such in the timely manner needed.

As such, we the Vietnam Veterans of Maui request your assistance in bringing the following proposal to the Veterans Administration for serious consideration and implementation as soon as possible. It is important to note that this proposal was recommended to the Veterans Administration in Honolulu in similar form by both the Honolulu Vietnam Veteran Center and by the Veterans Affairs Advisory Council in 1985, however, there has been no response and the need is still great.

Enclosure 1, Page 2

OF MAUI
P. O. BOX 3
KAHULUI, HAWAII 96732

THE PROPOSAL

We, the Vietnam Veterans of Maui, on behalf of all outer island veterans, propose that the Veterans Administration in Honolulu begin sending a team of VA specialists to each of Hawaii's outer islands on a regularly scheduled basis to evaluate and treat Vietnam Veterans for their service connected needs. (Although the makeup, schedule and other details of this proposal is ultimately up to the VA, the following VA team membership is suggested to hypothetically illustrate the value inherent in this proposal:

1) Team Coordinator/Administrator: This person could be responsible for the scheduling of appointments with our outer island vets prior to the visits and they could act as coordinator during the visits.

2) VA Psychiatrist , Psychologist and/or Social Worker: These VA mental health specialists could perform their service connected disability evaluations, social surveys and treatments otherwise requiring outer island vets to travel to and from Honolulu to receive such. These professionals could also accomplish assessment of outer island vets for immediate inpatient residential treatment and referral for suicide crisis or other serious psychiatric or substance abuse problems.

3) VA Medical Physician and Related Medical Specialists (i.e. Prosthetic These VA medical specialists could perform medical evaluations, diagnosis and treatment for vets with service connected or suspected service connected medical problems. Here again providing these services could save the Veterans Administration the money it presentl costs to fly outer island vets to and from Honolulu. This proposal would also go a long ways to making these VA medical services and support far more accessible to a greater number of our outer island Vietnam Veterans thus accomplishing a preventative role and possibly future treatment savings.

4) VA Vocational Rehabilitation Specialist: The VA Voc Rehab Specialist could meet with veterans as part of the above suggested multi-disciplinary team thus accomplishing his evaluations and assessments. The obvious advantage here is that most Vietnam Veterans and other vets on the outer islands have needs for VA services and assistance in more than one area, and hence, such individuals could be schedule to have these needs met in one day.

Enclosure 1, page 3

. OF MAUI
P.O. BOX 3
KAHULUI, HAWAII 96732

5) VA Benefits Counselor: The VA benefits counselor could meet with veterans to inform them of their veterans benefits and rights and sign them up for such benefits and claims as appropriate. It is noted that on Maui there is a part-time VA benefits counselor, Eleanor Sato. Perhaps she could join this team during their visits and certainly she could be of significant assistance in coordinating such visits.

6) VA Service Representatives: VA Service Representatives such as Al Reed of AMVETS and Vince Cui of DAV could also join this multi-disciplinary team to meet with and better assess veterans they are working with. Perhaps these reps could alternate their team member role.

RATIONALE

While we the Vietnam Veterans of Maui are well aware that the Veterans Administration is experiencing federal budget cuts, we believe that if the VA takes a serious look at this proposal, they will realize that to implement such action is far more cost effective than to not do so. As we have tried to point out, sending such a team of VA specialists to the outer islands on a regular basis would greatly enhance the VA's service support so greatly needed. Since the VA presently has to bear the cost of sending veterans to and from the outer islands, the expenses incurred in sending a VA team of specialists to the outer islands would be significantly off set, if not eliminated, by the savings to the VA in terms of veterans travel and other expenses. When you also take into account the humanitarian as well as economic savings inherent in prevention of human hardship and potential loss of life which is likely to occur via the implementation of this proposal, everyone stands to gain immeasurably by this action.

In show of our collective support of this proposal, then, we the Vietnam Veterans of Maui, endorse this proposal and request your assistance in recommending to the Veterans Administration in Honolulu to implement this action as soon as possible.

THE ENDORSEMENT

Print Name	Signature	Address	Date
Gerry Kindell	Gerry Kindell	229 A Noe St. Kihei Hi.	3/6/84
Becky Hendrix	Becky Hendrix	225 A Noe St. Kihei, Hi.	3/6/80
CHRIS ZBICIAK	Chris	POB 631, PAIA	3-6-86
PAUL GINDELL	Paul		3-06-86
BERNARD Villeges	Bernard Villegas	P.O. Box 1667	3/6/86

Enclosure 2

Regional Office

P.O. Box 50188
Honolulu, HI 96850

Veterans
Administration

JUN 12 1986

In Reply Refer To:
359/11

Vietnam Veterans of Maui
P. O. Box 3
Kahului, HI 96732

Gentlemen:

This letter is in reference to your recent correspondence to Mayor Hannibal Tavares.

Thank you for communicating your opinions and needs to us. In addition, we welcome your telephone calls which you can place to us at no charge. The toll free number is 1-800-232-2535. We also are happy to answer your letters at any time concerning your questions, your treatment, and your needs.

There are disadvantages for veterans who live in rural areas but there are also advantages. Service-connected veterans who live on Maui can see the physician of their choice. The service-connected cards entitle the individual to $75 per month of treatment automatically and, upon request of your physician, this amount can be increased should your needs require this. Nonservice-connected veterans, in general, are not eligible for ongoing ambulatory treatments by fee basis but may be granted care to obviate hospitalization upon request by your physician. Service-connected and nonservice-connected veterans can be hospitalized at Tripler Army Medical Center and, when appropriate, Maui Memorial Hospital, various hospitals in Honolulu, and even referred to VA medical centers on the mainland.

Our previous request for a traveling VA mental health team has not been authorized. We, therefore, recommend you to use the Maui Mental Health Center or the Crawford Rehabilitation Center. Service-connected veterans can be authorized private fee basis psychiatric care on an individual basis. We have also flown Hawaii veterans to PTSD centers on the mainland such as Menlo Park, California. Any veteran who alleges a service-connected problem is ordered a physical examination by our Adjudication Division. Sometimes these exams are carried out by Maui physicians and sometimes the veteran is flown to Honolulu to see various specialists. A decision whether or not a problem is service connected is based upon sound medical evidence. The veteran has a right to appeal this decision.

"America is #1 — Thanks to our Veterans"

closure, page 2.
2

Vietnam Veterans of Maui

Any veteran who requests for an Agent Orange examination, asbestosis exposure examination, or a radiation exposure examination may be granted such.

There are 100,000 veterans in the state of Hawaii. The VA provides care for those who are service connected and the nonservice connected who have minimal resources. I promise you that any Maui veteran who has a medical problem will be provided treatment for that problem as provided by Congress. The Veterans Administration Outpatient Clinic, Honolulu, has no unanswered letters and no unanswered telephone inquiries. I encourage you to call or write us so we can work together to provide treatment for your medical problems. We are interested in you and we care about you. By working together, all of these issues can be addressed.

Thank you again for reaching out to us.

Sincerely yours,

SAM A. TIANO
Director

11/00 WJV:lkh

Enclosure 3 (cover letter)

Regional Office

P.O. Box 50188
Honolulu, HI 96850

Veterans
Administration

JUL 16 1985

In Reply Refer To:
359/001

Vietnam Veterans of Maui
P. O. Box 3
Kahului, Maui, Hawaii 96732

Gentlemen:

We have prepared an answer to the issues you raised at your meetings with our Assistant Director. It is attached. We are also providing some veteran population data that you might find useful.

We appreciate the chance to dialogue with you. We will continue to monitor the situation on Maui until it is satisfactorily resolved.

Sincerely yours,

SAM A TIANO
Director

Enclosures

001/00 MW:jb

"America is #1—Thanks to our Veterans"

Enclosure 3, Page 1

VETERANS ADMINISTRATION
REGIONAL OFFICE
P. O. BOX 50188
HONOLULU HI 96850

RESPONSES TO ISSUES
RAISED BY MAUI VETERANS

Date: JUL 10 [illegible]

1. This is in reply to the issues raised by the Maui Veterans at their meetings with the Assistant Director. A number of the issues are related. They are grouped and addressed as part of one issue.

a. Issue. The State mental health system is understaffed.

Response. Our informal agreement with the State of Hawaii is that the State would be the principal provider of care for veterans in the outer islands and the VA Clinic would provide the care for the veterans on Oahu. We have seen a decline in the resources that the State is providing. As a result, we have authorized more fee for treatment. At present, we have no unanswered requests for medical care.

b. Issues. Veterans have difficulty in accessing the system. How to get a VA ID card.

Response. Service-connected veterans can apply for fee basis card for routine outpatient (not psychiatric) treatment. The card authorizes charges up to $75.00 a month. If the cost would exceed the amount authorized monthly, the treating physician is required to contact the clinic in Honolulu. A fee for service card can be obtained by completing VA Form 10-10. Veterans can call our toll-free number, 1-800-232-2535 for assistance or see their State Veterans Affairs Counselor.

Veterans requiring specialized care (psychiatric cases) must first be seen at Maui Mental Health. If the determination is that appropriate treatment cannot be provided there, the Clinic Director authorizes fee for service treatment.

Nonservice-connected veterans are eligible for fee for service treatment only to obviate the need for hospitalization. The treating physicians obtain authorization for treatment by contacting the Clinic Director. If treatment is authorized, the veteran will have to complete an income form which we will send. The veteran may have to pay for a portion of the care depending on his/her income.

c. Issue. How to get better psychiatric help.

Response. The quality of care is directly related to the professional and other resources available. Those resources tend to concentrate in the larger cities. Maui does not have the same depth of resources as Oahu. We do ensure that those who are eligible receive the type of care that they need. In some instances this means sending the veteran to another location for treatment.

losure 3, Page 2

Responses to Issues Raised by Maui Veterans

d. Issue. How to get emergency medical care.

Response. Veterans needing emergency medical care should have their treating physician call the Clinic Director. The emergency will be discussed and a decision made. When the clinic is closed, authorization for emergency medical care is obtained from the Tripler emergency physician.

e. Issue. Could we provide a list of doctors who are treating veterans on a fee for service basis?

Response. We cannot provide such a listing. We can be accused of favoritism by any physician not on the list. We would recommend that the veteran ask the individual physician.

f. Issue. Doctors will not treat veterans because it takes too long for them to be paid.

Response. At the meeting, we were unable to get the names of any physician who was having problems getting paid. If such is the case, send in the appropriate information. We will investigate it.

g. Issue. The State Veterans Affairs Counselor is not always available.

Response. The incumbent is a state employee. You should address your concerns to her or any other appropriate state official. We will be sending a Veterans Benefits Counselor to Maui on a regular, publicized basis.

h. Issue. Could we provide a copy of the VA budget for Hawaii.

Response. See the information attached.

i. Issue. Service at Tripler is Bad.

Response. We agree that service is not optimal. We have just completed a needs assessment for a VA wing at Tripler. Other options were also looked at. We expect that the assessment will result in more VA control of the quality of care issue. However, the resolution will not be immediate.

j. Issue. Provide a VA traveling team to augment local resources.

Response. We estimate that such a team would cost about $268,000 in salaries per annum. The additional travel expenses would also be quite substantial. We must be careful, however, in our approach to this issue. Our Veteran population estimates show that Maui has about 3,040 Vietnam Veterans, about 350 of which are also Korean conflict veterans. Not all of these Veterans require medical treatment. An even smaller number would be expected to need specialized psychiatric treatment. We will be sending a senior VA psychologist to Maui weekly starting in about 2 weeks. He will work with veterans to ensure that all are being appropriately treated. If the patient demand is significant, a traveling VA mental health team will again be discussed with our Regional Medical Director.

SAM A TIANO
Director

001/00 MW:jb

Enclosure 4 REPORT FROM DR. ROD TORIGOE, CHIEF VA PSYCHOLOGIST, TO DR. WILLIAM VANDERVORT, VA MEDICAL CLINIC DIRECTOR

REPORT ON VISITS TO MAUI
September 3, 1986

1. At the request and as the representative of the VA Director and Clinic Director, I visited Wailuku, Maui three times: August 1, 8, and 22, 1986. During my first visit, I was accompanied by the Vet Center Team Leader, Steve olnar, and William Sautner, also of the Honolulu Vet Center. Prior to my first visit and during my first visit, I met with representatives of the Maui Vietnam Veterans, I have tried to contact the entire psychiatry staff at the Maui Community Mental Health Center at Wailuku from Honolulu and from Maui. Unfortunately, I have not received return calls from both psychiatrists (i.e., Drs. Pittenger and Randolph). I visited both the outpatient and inpatient mental health facilities at the State. I have tried to contact Eleanor Sato from both Honolulu and Maui but my secretary received only one return call.

2. The following report will address the Maui situation from the following perspectives: State Programs and Services; Private Practitioners and Services; Vet Center Programs and Services; DVB Programs and Services; and DM&S Programs and Services.

a. State Programs and Services. The State of Hawaii programs and services focuses on the Maui Community Mental Health Center (MCMHC) and the Maui Memorial Hospital (MMH) at Wailuku. The MCMHC provides outpatient services and is the initial triage program for all veterans who are seeking outpatient mental health services. From this entry into MCMHC the veteran may be referred to a private psychiatrist only, excluding clinical psychologists.

During my August 22, 1986 meeting with the MCMHC staff, none of the staff were aware of the referral option and the special case of conditions that obviate hospitalization. I informed the staff of these conditions and the Clinic Director informed Dr. Pittenger on August 22, 1986. See the August 18, 1986 letter from Dr. Pittenger. Apparently, the confusion over eligibility and referrals should decrease.

The second problemmatic concern related to MCMHC is its lack of staff and lack of training in the specific area of PTSD and the general area of care of veterans. See the June 27, 1986 letter from Dr. Royal Randolph, Staff Psychiatrist at MCMHC. He reported that the MCMHC is not able to meet the medical and psychiatric needs of the veterans of Maui county. He further reports that the MCMHC is not even able to meet the service needs of the non-veterans. Given such self-declared limits, the MCMHC at best might be able to serve as part of a triage function. Vietnam veterans have specifically requested that MCMHC not be the only entry point or only triage option since MCMHC lacks the training to specifically evaluate and treat PTSD cases and lacks the time and resources to acquire such training.

The "inpatient ward" at Maui Memorial Hospital is severely limited in all aspects, such as staffing, space, programs, therapeutic melieu. It is not appropriate for veterans, especially PTSD cases.

The State has a Veteran Affairs Advisor/Counselor, Mrs. Eleanor Sato. I believe she is a full-time state employee but apparently she is on indefinite sick leave with no substitute. I have tried to reach her but so far, have not succeeded. Veteran complaints that she is not available seem reliable. Their complaints that an alternative advisor/counselor does not exist is accurate. Thus, Maui veterans do not have assistance and coordination for filing claims, requesting services, and follow-up and monitoring of such.

b. Private Practitioners and Services. There are five private practice psychiatrists in Maui. All five were called from Honolulu and from Maui. Only two returned my call. One reported being upset at the VA because the billing was not approved, i.e., the rate was reduced from $90 per session to $75, and veteran cases are very demanding. The psychiatrist initially reported not wanting to see any veterans. When asked what price per session would be considered, the psychiatrist indicated $90. The second psychiatrist reported not seeing veterans in the past and having no training with PTSD. There are ten private practice psychologists in Maui. None have been contracted with.

c. Vet Center Programs and Services. The Honolulu Vet Center has a fee-for-service-contract program that permits Vietnam veterans to be treated by counselors and psychologists in Maui through Crawford Health and Rehabilitation Services. This program seems to be outstanding and needs to be expanded.

The Honolulu Vet Center lost its psychologist and will not replace the position. It is unfortunate since what I am doing should be done on an ongoing and indefinite basis by such a position. It is my understanding that the Honolulu Vet Center lacks resources to handle Oahu and that it is impossible for it to deal with Maui and the other neighbor islands. Not only does it lack personnel, but it also lacks specific funds for travel to the neighbor islands. Travel via automobile to the neighbor islands continues to be both impractical and impossible.

d. DVB Programs and Services. DVB programs and services for the neighbor islands are directly related to Adjudication, Vocational Rehabilitation and Veteran Services. There may be more but these are the ones focused on by the Maui veterans.

The Adjudication process is disliked by nearly all veterans but especially by Vietnam veterans. They dislike flying to Honolulu as it reminds them of the military, stimulates references and memories to Vietnam, places them in close and cramped quarters, and stimulates anxiety and suspiciousness. The flight is about 20 minutes but the travel from their home to their lodging in Honolulu may total up to 2½ hours. They tend to react anxiously and fearfully to the

Federal building and the Mental Health Clinic. They suggest that the compensation exams are not comprehensive. They feel that the process with the Adjudication Board is confusing and slow.

The Adjudication process is not comprehensive as none of the Maui Vietnam veterans who filed claims were psychologically tested for such claims. It is my interpretation and District Councel's opinion that the Physician's Guide for Disability Evaluation Examinations is only a "guide" and does not prohibit the use of psychological tests on a "directive" basis. I suggest that all PTSD claimants be psychologically tested.

The Vocational Rehabilitation program is based on Oahu with periodic visits to Maui. Their services are severely limited since the Maui vocational resources are severely limited. State programs are probably little or none. The Maui veterans have requested a greater share of the VA vocational rehabilitation budget.

The Veteran Services program is also based on Oahu with periodic visits to Maui. The frequency of these visits seem directly related to issues such as the availability and efficacy of the State Veteran Affairs Advisor/Counselor and the new eligibility regulations (i.e., the Means Test). Given the unavailability of the Maui State Veteran Affairs Advisor, the needs in this area are substantial.

e. DM&S Programs and Services. The DM&S programs and services for the neighbor islands are directly related to the compensation examinations, the fee-for-services program, and the hospitalization program. There may be others but these are the ones focused on by the Maui veterans.

The veterans would like the compensation examinations to be performed in Maui. If the exams could be scheduled for a day and the VA psychiatrist flown to Maui, the cost savings would be substantial. More importantly the mental fatigue and aggravation from traveling to Honolulu would be eliminated. I had an hour-and-a-half session with a combat Vietnam veteran who had returned from Honolulu for a compensation review exam. The negative effects on the veteran were so self-evident that they were unavoidable. The veteran is the classic PTSD case. I even suggested hospitalization but the veteran felt the symptoms would pass without hospitalization. The substantial amount of time spent with this vet was directly related to his compensation visit to Honolulu. My data on the private practice psychiatrists do not allow a firm judgment whether a Maui private practice psychiatrist could be used for such compensation exams. It is my preliminary opinion that they would not have the appropriate training.

The fee-for-service program was partly discussed under the State Mental Health program. In addition to the State Mental Health Center, veterans are requesting direct access to private practitioners, including clinical psychologists. The private psychiatrists contacted were not aware of the eligiblity requirements, including the special case for need to obviate hospitalization and the process for contacting the Clinic Director for approval of treatment plan and billing. Two veterans had completed forms for fee-for-service cards but did not receive them. Several veterans never knew they needed to complete such forms.

The hospitalization requirement is not clear to psychiatrists and may not be for other physicians. The availability of TAMC for hospitalization for PTSD is no longer seen by Maui Vietnam veterans as a reasonable option. TAMC personnel has neither the training nor the program for inpatient PTSD treatment. The physical plant and the military environment and priority precludes a viable PTSD program. The Maui Memorial Hospital is simply not an option. The viable option for PTSD inpatient treatment is one of the VAMC inpatient PTSD programs:

Menlo Park, CA
American Lake, WA
Phoenix, AZ
North Chicago, IL
Topeka, KS
Tomah, WI
Brecksville, OH
Coatesville, PA
North Hampton, MA
Agusta, GA
Bay Pines, FL
Lyons, NJ
Montrose, NY

Maui veterans have been to Menlo Park and American Lake.

3. Some of the options for consideration are the following:

a. State Programs and Services.

(1) Contact and consult with appropriate State of Hawaii officials so the relevant programs are improved.

(2) Request additional resources for the Maui Community Mental Health Center so all veterans may be appropriately triaged and treated.

(3) Request review and improvement of inpatient psychiatry beds.

(4) Request that Eleanor Sato be replaced since she is on indefinite sick leave.

(5) Continue communication with Maui Community Mental Health Center to extended monitoring, education of veteran's benefits, continuing education for treatment of veterans (including PTSD), and improving quality and priority of care for veterans.

b. Private Practitioners and Services

(1) Continue communication with psychiatrists to educate on eligibility for benefits, treatment and hospitalization, and for continuing education of treatment of veterans (including PTSD). Have Chief of Psychiatry spearhead these efforts.

(2) Assess their competence to treat for PTSD.

(3) Contract fee-for-service with Maui clinical psychologists who are licensed and trained to treat veterans (including PTSD).

c. Vet Center Programs and Services

(1) Increase fee-for-service contract programs substantially, e.g., 33% more. Consult with Vet Center on specific amount of increase needed.

(2) Request a Vet Center team for all the neighbor islands which will specifically be for treatment. Thus, the staffing would specifically include psychiatry, internal medicine, and clinical psychology. It would not be limited to the above and may include combat Vietnam veterans that are social workers or nurses.

(3) Prior to acquiring a neighbor island Vet Center, the Honolulu Vet Center consider periodic visits to meet with Maui veterans, provide continuing education training on PTSD to Maui providers, etc. Provide such services to all the neighbor islands.

(4) Increase travel money for Vet Center staff and beneficiary treatment so periodic and regular visits and treatment may be possible.

d. DVB Programs and Services

(1) Arrange for compensation exams to be performed by VA DM&S personnel on the neighbor island rather than transporting the veteran to Honolulu.

(2) Perform psychological testing on all PTSD claims.

(3) Increase vocational rehabilitation visits to neighbor islands and establish a set routine for visits such that they become regular, reliable, and efficacious.

(4) Increase VSD visits to neighbor islands and establish a set routine for visits such that they become regular, reliable, and efficacious.

(5) Establish a coordinator of service for each neighbor island so there is one Honolulu VA person for all veternas of a particular island to call. For example, the Associate Director may be responsible for Maui and the Management Analyst may be responsible for Kauai.

(6) Coordination of DVB neighbor island visits within DVB with Vet Center and with DM&S. It might be better if all the visits to an island would be at the same day(s) and time. The veterans of the particular island could review multiple services at once and the VA visibility would increase geometrically.

Enclosure 4, page 6

(7) Arrange for periodic briefing and evaluation of all neighbor island Veteran Affairs Advisors/Counselors. Continued education of DVB and DM&S eligibility and resources is basic to these disseminators and advisors.

(8) Establish a special file for claim folders for each neighbor island.

e. DM&S Programs and Services

(1) Arrange for compensation exams to be performed by DM&S personnel on the neighbor island rather than in Honolulu.

(2) Offer both the Maui Community Mental Health Clinic and private psychiatrists as entry and triage providers.

(3) Offer both private psychiatrists and clinical psychologists as treatment providers.

(4) Increase PTSD training for VA team assigned to TAMC inpatient psychiatry.

(5) Collect more data on VA inpatient PTSD programs and disseminate such data to all providers and potential treatment providers for PTSD cases.

(6) Establish a coordinator of services for each neighbor island so there is one Honolulu VA person for all veterans of a particular island to call.

(7) Coordination of DM&S neighbor island visits within DM&S, with the Vet Center, and with DVB.

(8) Establish a special file for patient folders for each neighbor island.

(9) Again request for a traveling treatment team from DM&S for the neighbor islands. This team could provide preventive treatment services rather than crisis intervention. For example, the team could provide Relaxation Training, Biofeedback, Stress Management, and Brief Psychotherapy.

4. In summary, the veterans in Maui have substantial problems from all five perspectives addressed. The most visible and preemptive are those associated with the State of Hawaii. However, note that any and all services, programs, and resources that are added to what already exists will be significant improvement. Given the existence of a formal organization for veterans, i.e., the Vietnam Veterans of Maui, the requests for a "fair share" of services, programs and resources is likely to continue until the "fair share" is achieved. Finally, there is high probability that the Maui situation is not unique to Maui but is applicable to the other neighbor islands.

Enclosure 5

FRONT PAGE
"MAUI NEWS"
Sept. 8, 1986

Better way sought:

Psychiatric unit needs help to help others

By JILL ENGLEDOW
Staff Writer

WAILUKU — MAUI'S FACILITY for the care of patients suffering from acute mental illness is seriously inadequate, according to professionals and citizens who are campaigning for funds to renovate the Maui Memorial Hospital psychiatric unit.

Molokini Unit, commonly called the "psych unit," takes up one end of a detached, single-story building near the hospital's main parking lot.

Professionals say it is too small, not secure enough to hold involuntary patients and does not offer an atmosphere that is conducive to improving the health of mentally ill persons. There also is a need for more staffing, especially for therapy and for in-house security guards to help with violent patients.

Some increased staffing is in the works, and an occupational therapist recently began to provide programs each week. If the building held more patients, third-party payments would help pay for a larger staff.

The big roadblock to improvements is funding for a renovated and enlarged facility.

In the meantime, admissions to the unit are increasing. In 1985, there were 326 admissions, or about 27 per month. By the end of July of this year, there had been 208 admissions, or nearly 30 per month.

Transfers to Oahu facilities totalled 35 last year; this year there were 23 at the end of July.

Plans to upgrade the unit have been on the books for more than five years. They are included in Phase III of the hospital's planned renovation, which includes the emergency room, medical records, laboratory, obstetrics, medical and surgical floors, physical therapy and dietary units.

Between $12 million and $14 million will be required for the work, with about $1.6 million to be used for the psych unit. The unit's bed space would be doubled, and more room made for recreational and therapeutic programs.

While Phase III is included in the state Department of Health's proposed budget this year for the first time, there is no guarantee of funding by the Legislature, said Abelina Shaw, deputy director in charge of the county-state hospitals system.

It might be that whatever funding is appropriated will be only enough for partial renovation, and other portions of the hospital might be given priority.

For example, the obstetrics ward, a busy and prosperous place — with a strong lobby that has long campaigned for its renovation — is likely to be higher on the list than the psych unit.

Areas in the main building will have priority, hospital administrator Jerry Walker said.

That's assuming Maui Memorial's funding makes it through the Legislature at all.

Senate Health Committee Chairman Bert Kobayashi said Maui's hospital will be vying for funds with Kona's, where population growth is even more rapid than it is here. While Maui has been "standing in line" longer, the growth spurt in Kona could give it priority for funding.

A fund created from income surpluses, which Shaw said resulted from increased efficiency in the system's hospitals, has been mentioned as a source for the Phase III work. Shaw said this probably will be shared by all 12 state hospitals, though some Maui sources say Maui Memorial is the most profitable of the 12 and ought to have first shot at the fund.

There also is the problem of the state's major mental health care facility, Hawaii State Hospital at Kaneohe. It will lose its Medicare coverage Sept. 19

See BETTER WAY, page A3

Continued from page A1

because of staffing and program problems. It is is due for a major remodeling.

While the State Hospital's renovation funding will come from a different part of the Health Department budget, since it is not part of the county-state system, the need for cash there may compete with the need for cash at Maui's tiny unit.

Ironically, the problems of Maui's psych unit result in many patients being sent to Kaneohe who might otherwise be cared for here. Thus, an even greater strain is placed on the Oahu facility.

Sending patients off-island often is the only alternative, but it may not be good therapy, according to mental health professionals on Maui. Patients are more likely to have lasting improvement if families can be involved in therapy and there is continuity of treatment after they are discharged.

Some patients could be treated here if the unit was in better shape, said Dr. Robert Pittenger, acting chief of the Maui Community Mental Health Center. Pittenger also carries the "courtesy title" of director of the psychiatric unit, which means he acts as a consultant who trains and advises the hospital staff and administration.

Pittenger and Dr. Royal Randolph, the other center psychiatrist, also are responsible for many of the patients who are admitted to the unit through the emergency room or who can't afford a private psychiatrist. (CONTINUED)

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They agreed with another psychiatrist, Dr. Skip Burkle, Maui Memorial's chief of staff, that the unit does not provide an appropriate setting for many patients. Burkle was involved in drawing up the plans several years ago for the proposed new psych unit.

Burkle said many of the advances psychiatry has made are in the type of "milieu," or environment, required for therapy. The "antiquated" Molokini Unit "has done as well as it has because of the nursing staff and therapists," Burkle said, but there is much it cannot offer.

What patients need is not "baby-sitting" but to learn new skills to cope with life, Burkle said.

A lot of them are further "turned off" in the unit's depressing environment. More modern facilities have a pleasant, dormitory-like atmosphere, with lots of recreation and therapy.

There also needs to be modernization to help alcoholics sent to the unit to undergo detoxification, so they can move on to take advantage of new alcohol treatment programs on the island once they are through physical withdrawals, Burkle said.

One of the biggest issues is safety. The unit was not designed as a psych unit, and cannot keep patients in if they want to leave: only screens cover the windows n the main patient rooms, and it's a short jump from he windows of the single-story facility to the ground outside.

This means patients who were involuntarily committed or who change their mind after voluntarily entering the unit could leave at will. Confused patients, or alcoholics desperate for a drink need only slip out he window.

There are two seclusion rooms, where windows are lmost completely covered by wooden shutters, but when patients are violent it may be difficult to calm them enough to get them into restraints or seclusion.

Assistant Police Chief Kenneth DeLima said some f the more threatening patients sometimes have to be locked up in a police cell, where they must be watched carefully by police until they can be shipped ff to the State Hospital. "It doesn't do the patient any ood," he said.

At the psych unit, there are only two nurses on duty er shift. The nurses are all women, and none are ecially-trained for psychiatric work, although head rse Linda Halford said they take every opportunity at comes along for more education.

The unit does not come near the standards set up for propriate care of violent patients, Burkle said.

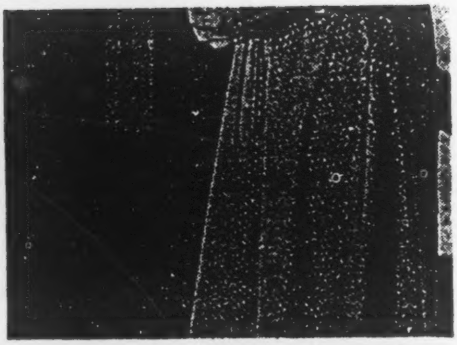
Police say they are willing to help when a patient is actively threatening life or property, but they are not willing to hold down a patient who simply does not want to take medication. The hired security guards who patrol the hospital during the evening hours also are concerned about liability if they should get involved in these situations.

Walker said he wants to have a security guard on the hospital staff. This person could help with such patients.

Psychiatrist Randolph said hospitals where he worked on the Mainland had male "psych techs," who often were body builders able to handle the rowdiest patients. Besides requiring strength, he pointed out, restraint and seclusion are skills that people should be trained to do.

At Maui Memorial, there are few male nurses or paramedical assistants, and the assistants' salaries are too low to compete in the male job market. Except for an occasional "floater," who moves from ward to ward as needed, there are no men on the psych unit staff.

The security situation is "very inadequate," Halford said. "A lot of times the staff is frightened." Newcomers especially are scared, and there is a lot of staff turnover.



The Maui News / JILL ENGLEDOW photo

A LITTLE COMFORT — Pictures on the wall, comfortable furniture and plants liven up the day room of the psychiatric unit, thanks to a community group's redecorating efforts, head nurse Linda Halford says. Other areas need work.

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The setting doesn't help . . .

A WOMAN'S SOBBING could be heard down the short hall that runs through the center of Molokini Unit.

A new patient had been placed in one of the two seclusion rooms — gloomy places furnished with only a bed. There is a light high on the ceiling and a bit of sunlight comes through a security screen under immovable wooden shutters.

The new patient didn't really need seclusion, but there were no empty beds in the two semi-private rooms for women that day, head nurse Linda Halford explained.

No male patients were present, except for one stretched out on the bed in the other seclusion room. The room was left open for the day as an experiment to see how he would handle this relative freedom.

With the new patient, the unit's census was at its average of six patients. There are days when more beds would be useful, and when more seclusion rooms are needed.

The 10-bed unit is a drab place, in the uninviting style of the hospital's old wards. One wall sports a mural, painted by a former patient. Otherwise, there were signs of comfort or cheer to be found only in the day room, which was recently redecorated by a Soroptimist club.

One patient sat watching daytime television. Another wandered from the day room to a barely-furnished visiting room. Sometimes staff members hang up a punching bag in this room when someone needs to hit something to relieve tension.

Usually, Halford said, a couple of the men's beds in a four-bed room are filled by alcoholics there for detoxification, and they are kept on intravenous feeding. Other patients eat family style at a long table in the day room. Secluded patients are fed in their rooms, with paper plates.

Ward rules require the patients to wear street clothes during the day, but some of them have no extra clothes when they arrive. There is a supply of used, donated clothes.

Cigarettes are another problem. When people have a habit but no outside support to supply them with tobacco, there are frequent "hassles," Halford said.

Doctors come by daily to see their patients, although the two at the state Mental Health Center are so overloaded with outpatient care and monitoring of other programs that they may not have much time.

Recently, an occupational therapist began providing three sessions a week, helping patients work on goals and self-esteem. This supplements the informal crafts work the nursing staff provides.

The rest of the time, there is not much for patients to do but pace the short, empty hallway, stare at the television, look out the windows toward Kahului Harbor, and face the private demons that brought them here.

Advocates hope state sees need; public meeting called

WAILUKU — Maui's Mental Health Association is leading the campaign for funding to renovate the Maui Memorial Hospital psych unit.

The association has held several meetings in the past few months, and plans a public gathering to discuss the issue Wednesday at 11 a.m. at the Cameron Center.

Advocacy for the mentally ill is one of the association's primary functions. Board President Rob Wead has focused lately on this particular issue, contacting officials and trying to get an appointment with the governor.

Wead feels the funding is, first, an executive issue, because it must be given priority in the executive budget before legislators even get a chance to consider it. Thus far, he has been unable to meet with the governor, but Wead said he continues to call weekly. He also works with Ralph Yagi, who represents the governor on Maui.

(Yagi is a volunteer successor to Ron Kondo, who now works for the governor on Oahu.)

Wead also invited Maui legislators Mark Andrews and Mamoru Yamasaki to two previous meetings to discuss the unit, and even postponed one meeting when the special session of the Legislature was called.

No Maui legislator has yet appeared at the meetings. All have been notified of Wednesday's meeting.

One of the members of Maui's mental health community who has attended the meetings is Richard B. MacDonald, who works with Crawford Health and Rehabilitation Services.

At one meeting, he described an incident in which he had to restrain an acquaintance who had "eloped" through one of the unit's windows. MacDonald took the man back to the unit, and then had to physically hold on to the violent, threatening patient while nurses rounded up a doctor who could give him medication.

MacDonald prepared "a statement of problem and a call for support" for the association, which has been distributed to persons interested in the unit. It requests feedback on defining the problems, lobbying for funds and help in coming up with an interim plan, until funding is found and construction takes place.

The statement notes, "The standards of care provided in the seclusion rooms, as well as Molokini ward in general, do not come any ways near meeting the basic standards of care set forth by the American Psychological Association . . . When you couple the ward's inadequate physical conditions with an overcrowded acute psychiatric population, potentially violent patients, and only two female staff per shift, you have a dangerous situation which seriously threatens the safety, security and welfare of ward patients, staff, and our community alike."

Enclosure: 6

Vet Centers Under Fire

BY MIKE MCINTYRE

More than a decade after the fall of Saigon not only are there new reports of Vietnam veterans who suffer from war-related psychological wounds—particularly Post-traumatic Stress Disorder—but their numbers continue to rise annually, indicating the need to retain programs geared toward the readjustment of the Vietnam vet.

Since its beginning in 1980, the Readjustment Counseling Service, more commonly called the vet centers program, has served more than 400000 of the 850,000 Vietnam-theater veterans that the Veterans Administration estimates will at some point evidence symptoms of PTSD or have some need for readjustment, leaving about 450,000 veterans still to be treated. And statistics show that the vet centers program is one of the most effective and cost-efficient services provided by the VA today.

So, it may come as a surprise to learn that this apparently vital program is in danger of being eliminated.

That's right, as it stands now the RCS is required by law to begin phasing out the free-standing, storefront vet centers October 1, 1987, with the program changing to one that will be offered primarily in traditional VA medical facilities by September 30, 1988.

The House Veterans' Affairs Committee voted unanimously in July to extend the transition date one year so it could have in hand the results of the delayed "Readjustment Study of Vietnam-Era Veterans" before making a decision on the future of the program. However, its counterpart in the Senate has not followed suit.

A spokeswoman for the Senate Veterans' Affairs Committee, which is chaired by Senator Frank Murkowski (R-Alaska), said, "His general view is that it is premature to take *any* action with respect to the future of the vet centers program until all the results (from other studies, including one undertaken by the General Accounting Office at Murkowski's request) are in."

Meanwhile, the legally imposed transition date looms ever nearer. And, as one legislative insider observed, in Congress "a non-action is an action. By taking no action they (the Senate Veterans' Affairs Committee) are letting the

According to Dr. Arthur Blank, RCS director since February 1982, "the vet centers program is functioning very effectively to meet the needs of Vietnam veterans and their family members, and most vet centers are continuing to experience high levels of utilization of services."

Blank, who prior to becoming RCS director, served as a psychiatrist at the West Haven, Connecticut VA Medical Center and was on staff at Yale University's department of psychiatry, said the vet centers program's "impact on VA

overall has been highly favorable. We are in the middle of a process of a very significant increase on the part of VA Medical Center staff in understanding the long-term psychological and readjustment effects of duty in a war."

Vet centers and medical centers at most locations are now working closely together," Blank continued. "And as the [VA] Chief Medical Division's Special Committee on PTSD has put it: 'At most sites the vet center is an integral part of the spectrum of treatment for PTSD.' "

Readjustment counseling is a non-time-specific lifelong entitlement for Vietnam veterans (pursuant to PL 98-16), but there is question as to whether VA medical facilities could adequately meet this obligation after the vet centers program was eliminated.

"The program has been extremely successful given its current community-based structure," said Husher Harris, program manager for Region 2, which comprises 30 of the program's 189 vet centers. "It responds quickly and in a creative way to community needs. I'm not sure the same flexibility will be able to continue to exist once the program is absorbed into the larger VA system."

Some proponents of the program argue that many Vietnam veterans who require PTSD treatment would refuse to seek it out at VA medical facilities if that was their only option.

(CONTINUED)

age 2
et Center Under Fire"

"We use the counseling model rather than the medical model," said Ben Jennings, clinical coordinator at the Silver Spring, Maryland, vet center. VA medical facilities treat PTSD as a disease, employing diagnosis and medication, he explained, but vet centers use counseling practices, "addressing the needs of the veteran in the least disruptive way to his life."

"If you are admitted for PTSD at a VA medical facility you will most likely be on a psychiatric ward," Jennings continued. "There's a stigma in the minds of many veterans that they will get a psycho label as far as employment is concerned . . . all that is avoided as far as vet centers go," said Jennings, vet centers provide "help without hassles."

John Stuart, the team leader at one of Baltimore's two vet centers as well as at the Martinsburg, WV vet center, concurs with Jennings. "The VA often has gone too much to medication," Stuart said. "Vet centers heavily stress counseling; there is little or no medication. We have something special, and by having a program specially geared toward them [Vietnam veterans], they feel special."

Stuart also pointed to other VA medical facility limitations. "The VA was never set up to treat dependents," he said, noting that spouses of veterans also suffer from their significant others' PTSD problems. "Vet centers involve both people all along. We get them both back."

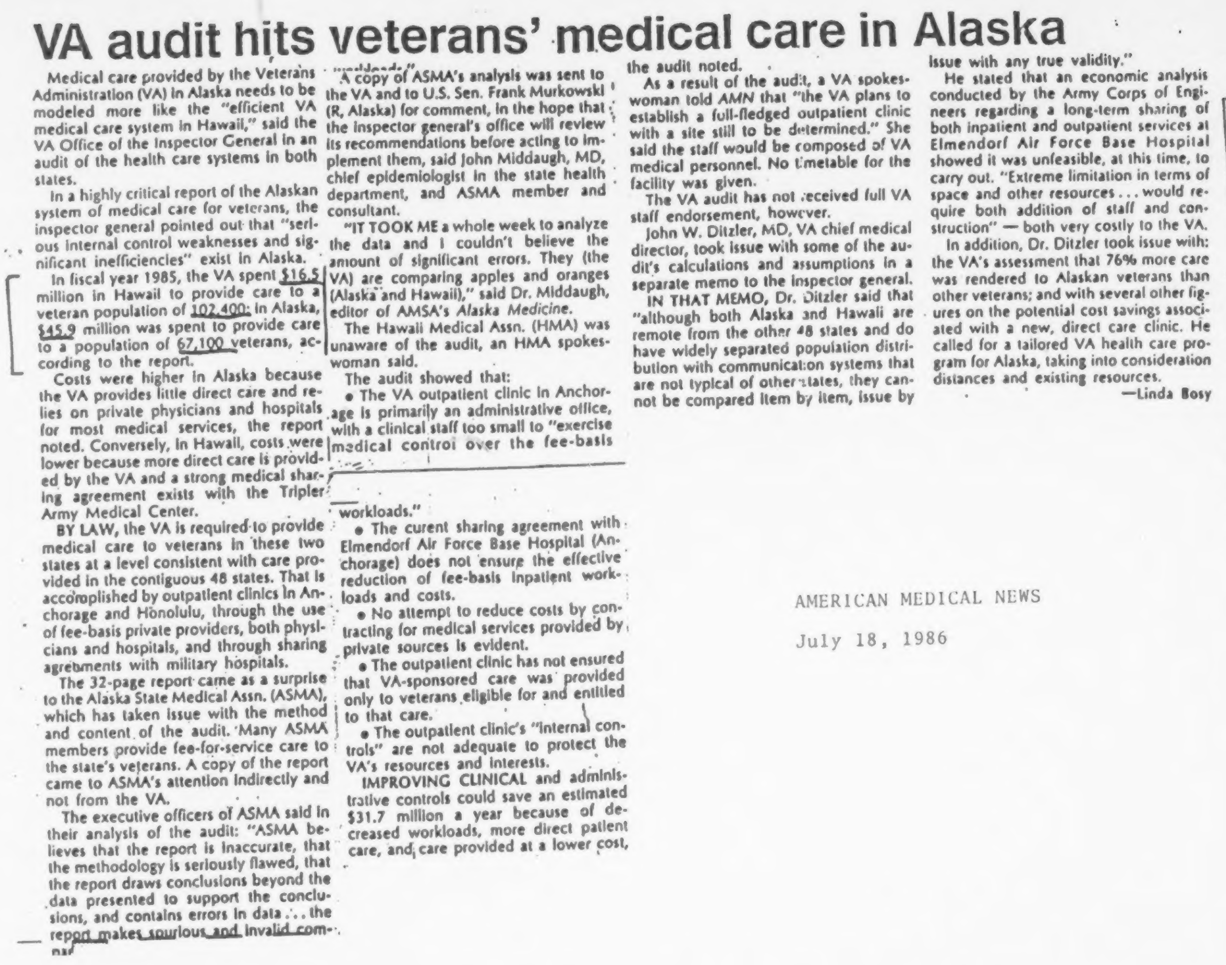
And, added Stuart, vet centers have the advantage of being able to offer evening counseling sessions and field visits. "That can't be done in an institution," he said. "We are definitely not bureaucrats—we don't take this as a nine-to-five job."

In an era of increasing budget cuts, opponents of the vet centers program argue that it is too costly. But, according to the VA's Department of Medicine and Surgery, the vet centers program cost $40 million last year, or less than .0015 percent ("fifteen thousandths of one percent") of the VA annual $427 billion budget. Also, the cost per patient visit at a vet center last year ($32.50) was less than half the cost per patient visit at a VA outpatient clinic ($82.87).

In addition to providing readjustment counseling to veterans and their families, vet centers work closely with other community agencies, referring veterans to groups that deal with problems such as alcohol and drug abuse. And part of the mission of the vet centers, explain staff members, is to provide outreach to the community, educating schools, church groups and service organizations about the Vietnam experience. Said one supporter, "vet centers serve as a positive focus for making something good out of the Vietnam War—for communities as well as the veteran."

"It's the best program I've ever worked for," said Stuart. "I honestly believe we've changed the face of the country."■

Enclosure 7 "AMERICAN MEDICAL NEWS" July 18, 1986



VA audit hits veterans' medical care in Alaska

Medical care provided by the Veterans Administration (VA) in Alaska needs to be modeled more like the "efficient VA medical care system in Hawaii," said the VA Office of the Inspector General in an audit of the health care systems in both states.

In a highly critical report of the Alaskan system of medical care for veterans, the inspector general pointed out that "serious internal control weaknesses and significant inefficiencies" exist in Alaska.

In fiscal year 1985, the VA spent $16.5 million in Hawaii to provide care to a veteran population of 102,400; in Alaska, $45.9 million was spent to provide care to a population of 67,100 veterans, according to the report.

Costs were higher in Alaska because the VA provides little direct care and relies on private physicians and hospitals for most medical services, the report noted. Conversely, in Hawaii, costs were lower because more direct care is provided by the VA and a strong medical sharing agreement exists with the Tripler Army Medical Center.

BY LAW, the VA is required to provide medical care to veterans in these two states at a level consistent with care provided in the contiguous 48 states. That is accomplished by outpatient clinics in Anchorage and Honolulu, through the use of fee-basis private providers, both physicians and hospitals, and through sharing agreements with military hospitals.

The 32-page report came as a surprise to the Alaska State Medical Assn. (ASMA), which has taken issue with the method and content of the audit. Many ASMA members provide fee-for-service care to the state's veterans. A copy of the report came to ASMA's attention indirectly and not from the VA.

The executive officers of ASMA said in their analysis of the audit: "ASMA believes that the report is inaccurate, that the methodology is seriously flawed, that the report draws conclusions beyond the data presented to support the conclusions, and contains errors in data . . . the report makes spurious and invalid com-

A copy of ASMA's analysis was sent to the VA and to U.S. Sen. Frank Murkowski (R, Alaska) for comment, in the hope that the inspector general's office will review its recommendations before acting to implement them, said John Middaugh, MD, chief epidemiologist in the state health department, and ASMA member and consultant.

"IT TOOK ME a whole week to analyze the data and I couldn't believe the amount of significant errors. They (the VA) are comparing apples and oranges (Alaska and Hawaii)," said Dr. Middaugh, editor of AMSA's *Alaska Medicine*.

The Hawaii Medical Assn. (HMA) was unaware of the audit, an HMA spokeswoman said.

The audit showed that:

- The VA outpatient clinic in Anchorage is primarily an administrative office, with a clinical staff too small to "exercise medical control over the fee-basis

workloads."

- The curent sharing agreement with Elmendorf Air Force Base Hospital (Anchorage) does not ensure the effective reduction of fee-basis inpatient workloads and costs.
- No attempt to reduce costs by contracting for medical services provided by private sources is evident.
- The outpatient clinic has not ensured that VA-sponsored care was provided only to veterans eligible for and entitled to that care.
- The outpatient clinic's "internal controls" are not adequate to protect the VA's resources and interests.

IMPROVING CLINICAL and administrative controls could save an estimated $31.7 million a year because of decreased workloads, more direct patient care, and care provided at a lower cost, the audit noted.

As a result of the audit, a VA spokeswoman told *AMN* that "the VA plans to establish a full-fledged outpatient clinic with a site still to be determined." She said the staff would be composed of VA medical personnel. No timetable for the facility was given.

The VA audit has not received full VA staff endorsement, however.

John W. Ditzler, MD, VA chief medical director, took issue with some of the audit's calculations and assumptions in a separate memo to the inspector general.

IN THAT MEMO, Dr. Ditzler said that "although both Alaska and Hawaii are remote from the other 48 states and do have widely separated population distribution with communication systems that are not typical of other states, they cannot be compared item by item, issue by issue with any true validity."

He stated that an economic analysis conducted by the Army Corps of Engineers regarding a long-term sharing of both inpatient and outpatient services at Elmendorf Air Force Base Hospital showed it was unfeasible, at this time, to carry out. "Extreme limitation in terms of space and other resources . . . would require both addition of staff and construction" — both very costly to the VA.

In addition, Dr. Ditzler took issue with: the VA's assessment that 76% more care was rendered to Alaskan veterans than other veterans; and with several other figures on the potential cost savings associated with a new, direct care clinic. He called for a tailored VA health care program for Alaska, taking into consideration distances and existing resources.

—Linda Bosy

AMERICAN MEDICAL NEWS

July 18, 1986

Enclosure 8

Regional Office

P.O. Box 50188
Honolulu, HI 96850

Veterans
Administration

October 2, 1986

In Reply Refer To:
359/00

Mr. Rolland E. Lines, III
P. O. Box 3
Kahului, Hawaii 96732

Dear Mr. Lines:

I am releasing a copy of Dr. Torigoe's report because I want to continue the positive relationship that we have. Our concern about releasing it is that we don't want to create divisions. We need to have everyone involved to the benefit of our veterans. Please keep in mind that this report contains the facts and opinions as seen by its author. There are other facts and opinions which, when made known to the author, would change his report.

I have already taken the following actions:

a. Instructed the Assistant Director to evaluate the report and recommend courses of action.

b. Set a meeting with the Director of Mental Health for the State of Hawaii.

c. Discussed with the State of Hawaii, Director of the Department of Social Services, a replacement for Mrs. Sato.

d. Directed Dr. Torigoe's visits to Maui should continue.

Please be assured that I will continue my personal involvement in these issues.

For Montgy Watson
SAM A. TIANO
Director

Enclosure

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"America is #1—Thanks to our Veterans"

Enclosure 9 . SENATE REPORT 99-487 (Sept. 24, 1986)

	1986	1987	Difference
Funds:			
Education and training:			
Post-Korean conflict veterans and servicepersons	$657,888,000	$518,116,000	-$139,772,000
Dependents	116,031,000	99,305,000	-16,726,000
All-Volunteer Force education assistance:			
Veterans benefits		900,000	+900,000
Reservists benefits	41,113,000	69,931,000	+28,818,000
Special assistance to disabled veterans:			
Vocational rehabilitation	100,937,000	105,622,000	+4,685,000
Housing grants	13,779,000	12,075,000	-1,704,000
Automobiles and other conveyances	3,114,000	2,750,000	-364,000
Adaptive equipment	8,862,000	9,382,000	+520,000
Unobligated balances and other adjustments	-64,155,000	-76,931,000	-12,776,000
Total appropriation	877,569,000	741,150,000	-136,419,000

VETERANS INSURANCE AND INDEMNITIES

1986 appropriation	$9,745,000
1987 budget estimate	4,770,000
House allowance	4,770,000
Committee recommendation	4,770,000

The veterans insurance and indemnities appropriation is made up of the former appropriations for military and naval insurance, applicable to World War I veterans; National Service Life Insurance, applicable to certain World War II veterans; and Servicemen's indemnities, applicable to Korean conflict veterans.

COMMITTEE RECOMMENDATION

The Committee recommends $4,770,000 for veterans insurance and indemnities in fiscal year 1987. This is the same amount as the budget estimate and the House allowance. This will cover the cost to various insurance funds for claims traceable to the extra hazards of service and death claims on policies under waiver of premiums while the insured is on active duty.

MEDICAL CARE

1986 appropriation	$9,138,137,000
1987 budget estimate	9,085,543,000
House allowance	9,488,612,000
Committee recommendation	9,240,176,000

The Veterans Administration [VA] operates the largest Federal medical care delivery system in the country, with 172 hospitals, 16 domiciliaries, 119 nursing homes, and 228 outpatient clinics. It is estimated that the VA medical care system will treat approximately 1.4 million patients in fiscal year 1987 and that approximately 19.1 million outpatient medical and dental visits will be made to VA and community health care facilities.

This appropriation provides for medical care and treatment of eligible beneficiaries in VA hospitals, nursing homes, domiciliary, and outpatient clinic facilities; contract hospitals; State home facilities, on a grant basis; contract community nursing homes; and through the hometown outpatient program on a fee basis. Hospital and outpatient care also is provided for certain dependents and survivors of veterans under the Civilian Health and Medical Program of the VA [CHAMPVA]. The medical care appropriation also provides for training of medical residents and other personnel in health science fields to support the agency's and the Nation's health manpower demands.

COMMITTEE RECOMMENDATION

The Committee recommends $9,240,176,000 for the "Medical care" account. This is $154,633,000 more than the budget estimate, $102,039,000 above the fiscal year 1986 appropriation, and $248,436,000 less than the House allowance.

The Committee has expressed some reservations for the past 2 years over the practice of directing the number of full-time equivalent employees [FTEE] that the VA had to meet. The Committee views the objective of the medical program as not being oriented to maintaining a specific payroll but as being a program of providing the quality medical care to the largest possible eligible veteran population. With this in mind, the Committee goal for fiscal year 1987 will be in patients treated.

The Veterans Administration request was for $9,083,983,000, representing a reduction of 58,035 patients treated in VA hospitals and 1,114,000 outpatient visits from the 1985 actual level. The request anticipated a total of 1,247,667 VA hospital patients treated and 16,676,000 VA staff outpatient visits during 1987.

The Committee does not agree with these reductions in services. The medical care account is, therefore, increased $247,568,000 in funding for object class 10, personal services and benefits, and an offsetting savings of $92,935,000 is to be made at the discretion of the agency in object classes other than category 10. The Committee expects the VA with these additional resources to provide treatment for 1,319,000 VA hospital patients and 17,416,000 outpatient visits during fiscal year 1987. A review of employment trends and nonpayroll funding levels indicates that these workloads can be accomplished with fewer FTEE and lower funding levels than provided by the House allocation. The Committee estimates that these additional resources, together with the budget amendment of $1,560,000, will maintain jurisdictional staffing of an estimated 192,186 FTEE.

The Committee also directs the agency's attention to the mix within medical care employment which has been changing over the past 3 years. The administrative employment expressed as a percentage of the direct medical care employment has risen about 2 percent between 1984 and 1986. The engineering support has not increased in proportion to the direct care staff. The Committee feels that increases in administra-

Enclosure 9 - page 2

tive employment should not exceed the growth in the direct care employment and advises the VA to monitor this relationship when making staffing adjustments in fiscal 1987. The Committee expects the VA to use the additional 99 FTEE of the budget amendment (H. Doc. 99-32), to augment existing staffing in order to implement the means test and third-party reimbursement.

The Committee has directed that $92,935,000 in savings in nonpersonnel areas be made in fiscal year 1987 at the discretion of the VA. The Committee feels these reductions should generally be achieved by limiting new initiatives, maintaining activities at close to the 1986 funding levels, and by making reductions in areas where there are surplus funds in 1986. The following chart illustrates how the Committee would distribute these reductions:

RESOURCE CHANGES

[In millions of dollars]

	Reduction from request	Request vs. 1986
Utilities[1]	-6.7	+6.344
M&R contractual services	-3.1	+4.682
Supplies and materials[2]	-10	+25.351
M&R supplies	-3.81	+5.142
Equipment	-10	+31.507
Land and structures	-26.9	+26.957
M&R (noncapitalized)	-8.1	+8.103
Other program improvements[3]	-6.825	+54.818
ADP capital investment	-17.5	+23.611

[1] A $6.7 million surplus in 1986.

[2] A $60 million surplus in 1986.

[3] New programs in 1987.

The Committee notes that $10,000,000 of savings in object class 31, equipment, can be effected in fiscal 1987 without cutting back funding if the VA should choose to expand the Advanced Technology Equipment Sharing Program to 12 percent of the additional equipment category. Within the funding provided, the Committee directs the VA to initiate the proposed jointly funded magnetoencephalography [MEG] collaborative study it currently has under review. This project provides the VA with a unique opportunity to place a newly developed advanced technology MEG system in a clinical setting at the Albuquerque VA Medical Center and will facilitate a collaboration between the scientific, medical, and clinical personnel needed to develop its many medical applications. The advanced technology equipment will be funded and provided by non-VA sources and the VA will alter the facility to accommodate the equipment while the VA staff will utilize the system. The Committee, in considering reductions in other program improvements, wants to make clear that it did not wish to impede three critical programs—hospital-based home care, adult day health care, and the medical district initiated peer review organization.

The Committee, in increasing the funding for staffing, is aware of the continuing acute staffing deficiencies, including programs serving Vietnam veterans, at the Huntington, WV, VA Medical Center and the

Wilkes-Barre VA Medical Center of Pennsylvania. The Committee urges the VA to remedy these problems at the earliest possible date.

The Committee is concerned that veterans in isolated locations, such as Maui in the Hawaiian Islands, may not have access to the range of health services that they are entitled to receive. The Committee understands that there is particular difficulty in ensuring access to necessary services such as mental health care. The VA is directed to review this matter and to ensure that sufficient health care resources are made available to provide necessary care to isolated locations, particularly in situations for those veterans residing on islands away from any VA facility. The Committee continues to receive reports that since there is no VA hospital in Hawaii, insufficient training, research, and clinical service resources are being allocated to the region.

While some of the larger metropolitan centers in the United States have more than one VA medical center, a significant portion of the population of the more rural States reside at dispersed locations where the average commute to a VA facility is over 2 hours. While the Committee is sympathetic to the unique unmet needs of these veterans, the current budget deficit prevents the opening of new medical centers or even satellite outpatient clinics at these locations.

The Committee, therefore, directs the VA to reassess this issue and consider several alternatives to address this problem. These solutions, in the form of a report, shall be submitted to the Committee by January 15, 1987.

The Committee further expects the VA to identify funds within the Committee recommendation that can be utilized for this purpose during fiscal year 1987. It is apparent to the Committee that two basic approaches exist; namely, to bring the medical care to the veterans using a mobile concept, or to develop a cost-effective means of getting the veterans to the hospital.

The Committee expects the agency to identify the most promising concept and to conduct two pilot demonstrations during fiscal year 1987.

The budget request identifies $10,000,000 for beneficiary travel in fiscal year 1987. The Committee recognizes that the Administrator of Veterans Affairs has the discretion to set the actual level of funding that will be expended for this activity. The Committee intends that any reprogramming to increase funding for this purpose would use funding from object classes other than object class 10, personal services and benefits.

MEDICAL AND PROSTHETIC RESEARCH

1986 appropriation	$181,126,930
1987 budget estimate	188,915,000
House allowance	193,915,000
Committee recommendation	189,915,000

The appropriation recommended by the Committee provides funds for the conduct of the VA's Medical Research Program and for a Rehabilitation Research Program focusing on rehabilitation engineering prob-

TESTIMONY

To The Senate Committee on Veterans Affairs
Hearing Date: April 14, 1987

The Honorable Spark M. Matsunaga, Chairperson

Person Testifying: Tom Hoey, USMC Ret.
Veterans Advisory Committee
County of Hawaii

SUBJECT: Access of Hawaii Veterans to Veteran's Administration Health Care Furnished By the V.A. or at V.A. Expense

Area #1: To explore how, and through what mechanism, health care services should be provided to Hawaii's veterans through the V.A., both on Oahu and the outer islands.

Area #2: With regard to Vietnam veterans in need of readjustment counseling services, to explore the availability of specialized psychological counseling and support services, again both on Oahu and the outer islands.

TESTIMONY: First, I would like to express my concern relative to the very limited amount of time allowed for oral testimony and the very limited number of people allowed to testify. While some controls must necessarily be established for the purpose of this particular hearing, I hope the committee will continue to solicit as wide a range of input as is possible on these important issues.

AREA #1: HEALTH CARE SERVICES

Due to the geographical location of the neighbor islands in relation to Oahu--a physical separation ranging from 26 to about 200 miles of Pacific Ocean--it is often very difficult and sometimes impossible for a veteran to travel to Oahu to obtain V.A. services. There are many prohibiting factors: the cost of airfare and other travel expenses, lost worktime, excessive paperwork, ground transportation, hotel or other accommodations, and, most importantly, a lack of a veteran family support system while on Oahu.

There appears to be either a misunderstanding or general insensitivity by the V.A. towards the circumstances of neighbor island veterans. This situation is complicated by two other issues: 1) many veterans distrust any and all V.A. programs or facilities due to past experiences; and 2) many veterans have a strong desire to remain on their home island, where they feel most comfortable and have chosen to live.

In order to ensure that "quality medical care is provided on a timely basis," I feel there are two viable options.

First, I would like to see the V.A. investigate the possibility of contracting neighbor island services with one of the established medical service organizations, such as the Hawaii Medical Services Association (HMSA), which already handles veteran CHAMPUS claims. Organizations such as HMSA have an already established infrastructure and a good record as medical service providers. This type of service would be especially helpful on the Big Island of Hawaii due to its physical size. The Big Island comprises nearly two-thirds of the total land area of this entire state. By itself, it is larger than two states and approximately the same size as a third. Contracting with HMSA or a similar medical service organization would reduce travel time and provide more convenient veteran access to treatment programs.

The second option, which could be integrated with the medical service organization chosen, would be the creation of a permanent V.A. hospital or in-patient treatment facility located on Oahu. This facility would be available to veterans who need or desire specialized in-patient hospital treatment and care.

As I understand the present situation, Hawaii and Alaska are the only states which do not have a V.A. hospital. This seems very unfair, particularly considering the geographical location of both Hawaii and Alaska. Veterans living in any one of the 48 contiguous states could travel via private transportation to their own state's V.A. hospital or, in some situations, also have reasonable access to V.A. facilities in adjacent states. However, it is obviously impossible for a veteran from Hawaii to travel via private transportation to any other island, let alone another state!

Are Hawaii veterans any less deserving of the same quality care provided to veterans in the 48 contiguous states? To date it would seem so, due to the lack of a V.A. hospital and other medical services in the State of Hawaii. Indeed, the State of Hawaii is unique in many ways, and it may take a unique solution to solve the dilemma involving V.A. services and facilities. I hope this Committee avails itself of this opportunity to fund and implement these and other much needed services.

AREA #2: AVAILABILITY OF SPECIALIZED PSYCHOLOGICAL COUNSELING AND SUPPORT SERVICES ON OAHU AND THE OTHER ISLANDS

Having had some experience in dealing with fellow Vietnam veterans, who--like myself--exhibit symptoms of post-traumatic stress disorder (PTSD), I feel I have sufficient experience to comment on the need for specialized psychological readjustment counseling on the Island of Hawaii.

Readjustment counseling services on the Island of Hawaii began in 1982, with one Vietnam veteran and one private psychologist as contract fee providers. Since then, there have been sporadic services available on a very limited basis.

These services have not been consistently or equitably available to all Vietnam veterans of the Big Island, and there have been times when no services were available on either the Kona or Hilo sides of the Island.

Since 1982 four of the five Vietnam veterans peer group counselors have suffered some type of job related burn-out, due to the amount of work and lack of adequate budget staffing. As a former peer group counselor on Hawaii, I can tell you that more time is spent writing reports on each veteran seen than on actual counseling.

Presently, the Big Island services available consist of one psychiatrist, and one psychologist doing individual and group counseling in the Kona District, and one Vietnam veteran peer group counselor conducting "rap" groups for Crawford Rehabilitation Center in our major city of Hilo. Crawford has no veteran counselor, psychologist or psychiatrist to provide individual counseling to Vietnam veterans at this time.

Any Big Island veteran needing one-to-one assistance in any other V.A. related services must contact Mr. Patrick Pavao, the very over-worked and under-staffed veterans affairs advisor for the State Department of Social Services and Housing. Mr. Pavao, who is himself a veteran, has been of more help to more Big Island veterans on more issues than all of the available V.A. services on Oahu. This is due both to his individual hard work and to his accessibility to Big Island veterans.

I feel there is only one viable solution which would provide the specialized psychological counseling and support services needed by Big Island veterans: the establishment of an autonomous, on-island veteran center. Ideally, a permanent staff of four salaried employees would work in conjunction with a travelling team from Oahu. The travelling team would make periodic visits to the Island (preferably, for one week of each month) and act as a liaison between the veterans centers of the Big Island and Oahu.

The travelling team also could provide expert specialized services in medical, psychological and legal assistance not presently available to Big Island veterans. While the travelling team would rotate to other neighbor islands, the Big Island veteran center would be able to provide service on a continuing, uninterrupted basis--a necessity in on-going readjustment and psychological counseling.

An article appearing in the March 29, 1987 edition of the Sunday Honolulu Star Bulletin and Advertiser mentioned that while "The Hawaii V.A. spent $16.5 million in 1985 for a veteran population of 102,400" ($161.13 per veteran) "Alaska spent $45.9 million for 67,100 veterans" ($684.05 per veteran). Is this an example of equitable service? These figures were revealed in a recent audit of the V.A., which--within its official "Mission and Goals" statement--claims to be ALL veterans' "principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation."

On April 7th, I attended a meeting chaired by Mr. Greg Montoya, the Western Veteran Center Regional Manager. During that meeting, I learned the possibility of establishing neighbor island veteran centers was considered to be out of the question, due to existing budget and manpower constraints. Mr. Montoya said it may be possible to allocate one more position to the Honolulu Veteran Center, better enabling that office to provide some additional assistance to the neighbor islands. It was proposed that this new position, which would be taken from some other existing veteran center in the western region, could be utilized as a travelling representative to help neighbor island veterans with on-going VA-related problems.

There are several reaons why this would not be desirable. First, this would be a band aid solution to a much larger problem. Secondly, it appears to be a "robbing Peter to pay Paul" type of situation, since some other veteran center may have to give up an existing position in order for Hawaii to realize a new position.

What is needed here now is the allocation of more funds by Congress to the existing V.A. budget that services the State of Hawaii. Only through the additional allocation of funds by Congress can the problems existing on the neighbor islands be addressed and corrected at any time in the near future.

As things are now, unless Vietnam veterans live on Oahu, they are not getting anywhere near their fair share of the services to which they are entitled.

In conclusion, I would like to mention that it took $18,000 to train me as a Marine in 1966. The Marine Corps did not spend one dime un-training me or re-integrating me back into society. Those of us who served in Vietnam did not ask "What can our country do for us?" Instead, we fought a very long and costly conflict because our country asked us to do so. All we are asking for today is the fair share of V.A. benefits promised to us for our service to our country.

Thank you for your concern in this matter and for giving me an opportunity to offer testimony on behalf of Big Island veterans.

Respectfully submitted,

Thomas J. Hoey

THOMAS J. HOEY, USMC Ret.
Veterans Advisory Committee
County of Hawaii

VETERANS ADMINISTRATION TESTIMONY

APRIL 14, 1987

PAUL C. YUEN
DEAN, COLLEGE OF ENGINEERING
UNIVERSITY OF HAWAII

My name is Paul Yuen and I am the Dean of the College of Engineering at the University of Hawaii and the Acting President of the Pacific International Center for High Technology Research (PICHTR). I am here today to describe a potentially important piece of research done with PICHTR funding which is of interest to the Veterans Administration and which could have a profound effect on veterans and others handicapped by visual impairments.

During the past half century, considerable efforts have been devoted towards improving the hazardous and discouraging world of the blind. The needs of the blind have been defined and explored across the spectrum, from the social to the scientific and technological. Notable advances have been made in the areas of social adjustment, vocational rehabilitation and in the design of communication and learning devices. However, little progress has been made in the efforts to provide the blind with effective and reliable guidance aids. It is remarkable that in this space age and information age era, with all the remarkable scientific and technological breakthroughs, that the mobility needs of the blind are still met by the traditional cane and guide dog.

Through years of research, the PICHTR information technology research group at the University of Hawaii has established the merits and promise of a major research direction through the application of computer vision to provide the blind with artificial seeing capability. In this research direction, we have studied essentially four major problems:

1) The vision system design.

2) Establishing the mapping principles that exist between the two dimensional (2-D) camera acquired image (the domain of the computer) with the three dimensional (3-D) real world (the domain of the blind).

3) Development of the appropriate imaging techniques for the understanding and interpretation of the 2-D images.

4) Information integration and output coding in order to establish the proper link between the computer and the blind.

In addressing problem one, we have envisioned an effective vision system design which, through current advances in Very Large Scale

Integration (VLSI) technology, can be repackaged for portability. This vision system will consist of two Charge Coupled Device (CCD) cameras, a microcomputing system with Artificial Intelligence (AI) capability and an output interface unit equipped with both audio and tactile capabilities.

In our research efforts to solve problem two, we are currently developing stereo vision and motion vision algorithms. The stereo vision principle exploits the disparity that exists between a stereo pair of images. This disparity is a function of the depth of information or the third dimension that is lost in the 2-D images. The motion vision principle exploits the relationship which exists between the motion of the observer (the blind) and the motion of the brightness patterns in the image, also called the optical flow. This optical flow is also a function of the depth information we are seeking.

In addressing problem three, we have devised a modular structure of the complex real world identifying the problems most pertinent to the safe and enhanced guidance of the blind. Our research efforts have thus far yielded imaging techniques which a) provide the blind with directional and orientation cues; b) identify the presence of cast shadows which constitute false alarms; c) detect drop offs or depressions which constitute the most feared obstacles by the blind; d) discriminate upright objects from flat lying objects and; e) identify objects such as stairs, crosswalks, curbs, etc.

The soundness of these imaging techniques rests on the fact that the visual features they exploit are the same visual features we humans use.

In resolving problem four, we are looking into the design of an audio unit which will convert the results obtained by these imaging techniques into English sentences such as: "You can walk straight for five yards", "You may turn left", "Obstacle ahead", etc.

Clearly, in the design of a vision system for the blind, there are many complex issues that are yet to be resolved. However, there have seldom been easy answers to complex problems. We believe that a solution exists, and with well intentioned and genuine efforts, we can held the blind "see" more of this world and certainly to walk confidently, avoiding obstacles.

On behalf of the College of Engineering and PICHTR, I pledge full support for this research or any other research which could have an impact on health care for Veterans and urge the Federal Government to provide support for this research which could do much to help our blind veterans lead more normal lives.

Statement of Patrick A. Pavao, Veterans Affairs Counselor, State of Hawaii, Department of Social Services and Housing, Hawaii Branch, County of Hawaii, before the Senate Committee on Veterans Affairs, State Capitol, Honolulu, Hawaii, April 14, 1987

On behalf of the over 100,000 veterans, its dependents and survivors in the State of Hawaii, moreso the 20% veteran population on the neighbor islands, may I say that is is indeed an honor and a privilege to appear here today in discussion on the access of Hawaii veterans to the Veterans' Administration health care furnished by the Veterans Administration or at VA expense, with two specific areas of concern:

> First, to explore how, and through what mechanism, health-care services should be provided to Hawaii's veterans through the VA, both on Oahu and on the outer islands; and
>
> Secondly, with regard to Vietnam Era veterans in need of readjustment counseling services, to explore the availability of specialized psychological counseling and support services, again both on Oahu and the outer islands.

In my 17 years as State Veterans Counselor, and being indirectly associated with the Veterans Administration, this is the very first time I have had the opportunity to make any kind of formal input for and on behalf of all neighbor island veterans. My immediate and first suggestion and request is that we substitute the word "neighbor" island in place of "outer" islands. It is my understanding the word "outer" implies out or external, whereas the work "neighbor" implies adjoining or next to or adjacent. I believe this is the first step in understanding the problems, prior to any actions, plans or policies being implemented. We must therefore ensure we totally understand the problem clearly and comprehensively.

VA statistics of September 30, 1979 indicates State of Hawaii veteran population to be 94,000 with the following breakdown:

Oahu --------------------	78,200
Hawaii ------------------	7,400
Maui --------------------	4,560
Kauai -------------------	3,360

VA statistics of March 31, 1983, 4 years later shows a veteran population growth to 99,000 with the following breakdown:

Oahu --------------------	77,900
Hawaii ------------------	9,940
Maui --------------------	6,870
Kauai -------------------	4,060

A comparison of the 1979 and 1983 statistical information indicates a reduction in veteran population on Oahu and an increase on neighbor islands, a trend comparable to that of the general population, and here we are today April 14, 1987 approximately 4 years later and I believe the trend continues although I have no supporting VA statistics; however, I believe if statistics are available in the VA system it would indicate this continuous trend.

VA statistics further show the neighbor island veterans comprise about 20 per cent of the State of Hawaii's veteran population, approximately 21,000 veterans, of which 8,000 are Vietnam era veterans. Of this latter group, 3,800 reside in Hawaii County, 2,600 in Maui County and 1,600 in Kauai County.

With regards to the two specific areas of concern we are addressing today, I would like to make a brief statement as to the services Oahu veterans have and basically elaborate and address the issues of concern to the neighbor islands of which I represent, serve and am a part of.

On the island of Oahu, the Veterans Administration Regional Office, with all its divisions in the benefit and medical sections, the Vet Center and its staff, the contracted VA Hospital Tripler Army Medical Center

and all of their staffs are physically located here readily and easily accessible to all veterans within and throughout the State of Hawaii. Veterans and military retirees and their dependents on Oahu have direct access to all services, medical and benefits, provided by the Veterans Administration and the numerous military installations and facilities, on a personable basis to meet their needs and concerns in obtaining benefits and medical care. However, on the neighbor islands these facilities are relatively inaccessible and unavailable to veterans, military retirees and their dependents, survivors, local government agencies, private industry and veterans organizations, who frequently need guidance and assistance in obtaining medical care and other services via a fee for service basis. With regards to filing for benefits such as compensation, Pension, education, insurance, home loans, these types of requests have been handled similarly and simply whether by in office visits or by mail. Such claims are filed by client himself, a veterans benefits counselor, veterans organizations service officer, or even someone like myself a State Veterans Affairs Counselor. The processing and time elements are standard, although there are times when certain cases can be frustrating. (i.e. the need in establishing claims and dependents via original documents.)
With regards to receiving medical care, obtaining appointments at the VA Outpatient Clinic or Tripler Army Medical Center, or appointments for specialized medical services, obtaining medication from the VA pharmacy, receiving specialized medical services, utilizing the Day Care Treatment program, the Mental Health Clinic, and basically receiving medical care at the VA Outpatient Clinic, the veterans on Oahu can easily accomplish these tasks with patience, limited time, and effort and no inconvenience. However, we on the neighbor island

continue to be frustrated and dissatisfied because basically a lack of public awareness. There seems to be confusion about VA responsibilities and services and therefore VA oftentimes finds itself the target of criticism by veterans, service providers, media and public. Therefore, there is a definite need to both educate the public which could result in a better educated public who could be better served and more satisfied. It is also believed a probable solution would be to obtain input by establishing a Neighbor Island Committee to develop a comprehensive and coordinated plan to address the issues, concerns, and problems on neighbor island veterans, instead of having someone on Oahu making their assumptions. This would inform and encourage input and identify resources within the respective counties. This Neighbor Island Committee should have representation from each respective county.

Concerning the Neighbor Island services there definitely is an increasingly growing dissatisfaction among neighbor island veterans regarding accessibility and availability of all appropriate services. It is true VA schedules twice a year services to neighbor islands for social work service, vocational rehabilitation service, legal and field service; however, it seems as through the VA's position towards neighbor island veterans services, concerns, and problems are more reactive in nature, dealing with known individual veterans on a case-by-case as needed basis. The neighbor island veterans perception is that we are viewed, considered and treated by the VA as second-class veterans, because of our remoteness, due to our unique geographical areas, resulting in our lack of equitable, adequate and inappropriate services.

On the neighbor islands medical health-care services are extended to eligible veterans via fee-for-services basis. VA policies and procedures have been administratively established in compliance with federal laws in delivering outpatient care and inpatient care. Knowledge and understanding of these policies and procedures are paramount with proper communication by the veterans physician or medical facility to the VA Outpatient Clinic, can and will extend appropriate medical care to eligible veterans. Veterans in Hawaii County have received numerous medical health-care services, such as inpatient care, outpatient care, home health care, long-term care, ambulatory care, prosthetic and sensory appliances, medication, post hospital care, and dental care. We have experienced and seen many veterans and families assisted by the VA and we have also seen some who have not, however, with respect to the VA Outpatient Clinic, during my seventeen (17) years working with them I have found their division to be sensitive, cooperative, responsive, understanding and supportive to the medical needs of our veterans in Hawaii County relative to the medical policies and practices as required by law, to the issues, concerns and problems. We would like to publicly commend Dr. William Vandervort, VA Clinic Director, and Mrs. Pat Nicholas, Chief Medical Administrator of the VA Outpatient Clinic for their dedicated and supportive services throughout the years. We totally support Dr. William Vandervort's recommendations and requests to the Administrators of the VA in Washington for the following:

1 - VA long-term care plan in E-Wing at Tripler Army Medical Center proposing 70 psychiatry and 60 nursing home care beds.

2 - VA Medical Center Inpatient Care services for both acute and extended care beds, or

3 - Leasing space in a community facility for VA staffed beds and contracting all or part of inpatient hospital services from Tripler Army Medical Center to one or more community facilities, and/or

4 - VA/Community options conversion of excess capacity in the community sector to fee-basis VA beds

We know Dr. Vandervort understands the medical situation in the State of Hawaii and the Pacific Basin and we believe he has made many requests to his administrators in Washington to no avail. It is time these people begin to take positive action and seriously evaluate the recommendations as the medical needs of the veterans of Hawaii must be met.

We firmly believe many of the issues, concerns and problems encountered and existing today by neighbor island veterans stem from numerous communication problems between the Veterans Administration and Tripler Army Medical Center, such as delays in obtaining appointments at Tripler Army Medical Center due to priorities being established differenciating active duty personnel, retirees and veterans, and their unfamiliarity with neighbor island resources. In light of all the assistance provided by the VA Outpatient Clinic there are a few areas of concern whereby improvements can still be made to help facilitate emergency medical care extended to the neighbor island veterans. The following are some of the immediate concerns of Hawaii County veterans with respect to medical care:

1 - Fee Basis Service providers

Some fee basis providers, doctors, specialists, medical facilities, pharmacies, choose not to do business with VA patients because they view it as not worth their while, too time consuming for reimbursement, too much red tape, and they are treated as first-aid stations.

Possible solution would be to increase the fee-for-service rates, concentrated efforts to better public relations with fee for service providers, simplify and expedite communication process to obtain authorization for services, finally to make it worth their while to treat veterans on the neighbor islands.

2 - Emergency Medication

Routine medication procedures have been established by VA by having prescriptions mailed to VA Pharmacy to be filled. Once veterans experience this service most problems are resolved. However, obtaining emergency medication locally on the neighbor island as prescribed by a fee basis doctor, without using one's personal funds and waiting three (3) to four (4) months for a reduced percent reimbursement.

Possible solution or suggestion would be to have VA contract with local pharmacies or medical centers or State Hospitals to obtain medication on emergency basis only.

3 - VA Beneficiary travel - Apparently there are some proposals to change medical travel for VA beneficiaries. The November 19, 1986 issue of the Federal Register contains the proposed amendments. Our point of concern is that it appears VA will no longer authorize regular airplane travel between neighbor islands and Oahu for veterans requiring care at TAMC or even at the VA Outpatient Clinic. We believe and feel these changes will totally terminate all accessibility to Tripler Army Medical Center.

With regard to Vietnam veterans in need of readjustment counseling services, to explore availability of specialized psychological counseling and support services on the neighbor islands, it has been the VA's policy to rely upon the State of Hawaii to provide ongoing services to veterans on the neighbor islands. Unfortunately, the State Mental Health System did not have adequate staff nor expertise to provide proper, meaningful and continuous readjustment counseling services or treatment to eligible veterans. However, through the assistance of the Vet Center readjustment counseling contract services established by Steve Molnar, Team Leader of the Vet Center on Oahu, services were established in Hawaii County, both in Hilo, Waimea and Kona in the early 1980's. These services were made available to both service and non-service connected Vietnam Era veterans who were experiencing readjustment problems from military to civilian life. Such services were made available through fee-for-service basis from contract providers. Although the services may not have been of such high quality as one may experience at the Vet Center, the availability of these contract providers as a resource was much needed and welcomed. In fact, through their efforts we were able to help many veterans establish service-connected disabilities and more importantly obtain much needed medical care and treatment where otherwise would not have been available. It is hopeful these contract providers will continue in the future with more direct personnel support from the Vet Center. Presently, today in Hawaii

County contract services are provided by Crawford Rehabilitation Services in Hilo and Dr. Brooks Griffin in Kona, Hawaii. However, our present concern is that the Vet Center has a scheduled expiration date of September, 1988 and that the service contract programs will continue to address the readjustment counseling needs as long as funds are allocated and available. Therefore, we request this committee to strongly support the extension of the Vet Center program beyond September, 1988 and to increase the funding to continue reaching out to the Vietnam Era veterans who definitely are in need of readjustment counseling.

We further support the idea of increasing services to the neighbor island by (1) placing one (1) Vet Center Counselor on a rotation basis throughout each neighbor island as well as sending a Traveling VA/Vet Center team to commute to each neighbor island on a regularly scheduled basis. Such a team should be comprised of the Vet Center Team Leader, or designate a Clinical Psychologist, Vietnam Era Counselor, Social Worker, a Physician and whomever this team recommends. This traveling team should be provided adequate travel funds and monies and should be available on at least once a month basis to each island. We believe this approach may be more reasonable and feasible in comparison to establishing VA Clinics on each island. We further request that if such a VA/Vet Center team is established that the present contract service providers continue to exist in order to provide monitoring and continuous services and treatment to the Vietnam Era veterans on a daily basis. The input, planning and policy making to this traveling team should be obtained from a Neighbor Island Committee.

We further request this distinquished Committee to obtain and review a copy of the Hawaii State Veterans Affairs Advisory Councils final report dated June 29, 1985 and statewide hearings on the needs and concerns of Hawaii veterans. It was determined that public hearings on all the principal islands would be conducted to assess the needs of the veterans and their dependents, and provide them an opportunity to express their concerns. It would be also advisable to obtain copies of the transcripts of each hearing held on the neighbor islands of Kauai on 1/28/85, Maui on 1/29/85, Hilo, Hawaii on 1/30/85, and Kona, Hawaii on 1/31/85, Molokai on 5/29/85 and compare them with the hearings of Oahu on 5/7/85 in Leeward, 5/8/85 in Windward and 5/9/85 in the State Capitol on Oahu, Hawaii. These hearings provided the veterans an opportunity to air their concerns and needs on aspects of Federal and State benefits. It also afforded them an opportunity to discuss all aspects of the present federal and state benefits and delivery system. After reading the transcripts of all the hearings, one will be able to evaluate and compare the needs of both Oahu veterans as to that of the neighbor island veterans. One will also understand why the neighbor island, so called second-class veterans, feel the frustration and dissatisfaction from the Veterans Administration.

In conclusion, presenting the problem is obviously easier than solving it. Nevertheless, the Neighbor Island concern is a statewide concern affecting Hawaii County, Kauai County, and Maui County to include Molokai and Lanai. If efforts are only directed to one County alone, rest assured the issues, concerns and problems will remain and increase. We all share the same issues, concerns, and problems as a result of non-availability and inaccessibility directly to Veterans Administration, Vet Center, Tripler Army Medical Center its direct services and staff. Therefore, whatever results, or solutions or directives that may become a reality Must be one that is consistently applied to all counties, if it is to be effective in addressing the needs, issues and concerns of all Hawaii's veteran population. Mr. Chairman and members of the committee, on behalf of our agency, and all the veterans of Hawaii County, we sincerely thank you very much for extending this opportunity to address you here this morning and we hope and pray that in your wisdom the services to the veterans of Hawaii will continue and improve.

STATE OF HAWAII
OFFICE OF HAWAIIAN AFFAIRS
1600 KAPIOLANI BLVD., SUITE 1500
HONOLULU, HAWAII 96814
(808) 548-8960

TESTIMONY BEFORE THE COMMITTEE ON VETERAN'S AFFAIRS
OF THE UNITED STATES SENATE
ON THE ACCESS OF HAWAII VETERANS' TO VETERANS
ADMINISTRATION HEALTH CARE

10:00 A.M., TUESDAY, APRIL 14, 1987
STATE CAPITOL AUDITORIUM

ALOHA KAKAHIAKA, CHAIRMAN SPARK MATSUNAGA AND HONORABLE MEMBERS OF THIS COMMITTEE ON VETERAN'S AFFAIRS. MY NAME IS KAMAKI A. KÁNAHELE, III, ADMINISTRATOR OF THE OFFICE OF HAWAIIAN AFFAIRS (OHA). MAHALO NUI LOA FOR INVITING ME TO TESTIFY ON BEHALF OF THE VETERANS OF HAWAIIAN ANCESTRY.

BEFORE TESTIFYING ABOUT THE HEALTH PROBLEMS FACING OUR HAWAIIAN VETERANS, I WOULD LIKE TO SHARE WITH YOUR COMMITTEE MEMBERS A LITTLE BACKGROUND INFORMATION ABOUT THE OFFICE OF HAWAIIAN AFFAIRS AS A MEANS OF PROVIDING THEM WITH SOME UNDERSTANDING OF THE INTEREST AND RESPONSIBILITIES OF OHA IN THIS AND ALL MATTERS DEALING WITH THE HAWAIIAN PEOPLE.

ACCORDING TO LEGISLATION CREATING THE OFFICE OF HAWAIIAN AFFAIRS, IT IS THE "PRINCIPAL PUBLIC AGENCY IN HAWAII RESPONSIBLE FOR THE PERFORMANCE, DEVELOPMENT, AND COORDINATION OF PROGRAMS AND ACTIVITIES RELATING TO NATIVE HAWAIIANS." IT IS GOVERNED BY A NINE-MEMBER NATIVE HAWAIIAN BOARD OF TRUSTEES ELECTED BY APPROXIMATELY 44,000 NATIVE

HAWAIIANS. AS A RESULT, THE OHA TRUSTEES ARE DIRECTLY ACCOUNTABLE TO THEIR BENEFICIARIES, THE NATIVE HAWAIIAN PEOPLE.

OHA WAS CREATED IN 1978 BY AN AMENDMENT TO THE HAWAII STATE CONSTITUTION. THE BASIS FOR ITS ESTABLISHMENT, HOWEVER, DATES BACK TO OUR STATE ADMISSIONS ACT OF 1959. THE ACT CREATED A PUBLIC LAND TRUST, THE PROCEEDS OF WHICH WERE TO BE USED FOR FIVE PURPOSES. ONE OF THE PURPOSES WAS THE BETTERMENT OF THE CONDITIONS FOR NATIVE HAWAIIANS.

IN 1979, THE STATE LEGISLATURE PASSED ACT 196 WHICH ESTABLISHED THE BASIC STRUCTURE OF OHA. THIS ACT WAS SUBSEQUENTLY CODIFIED AS CHAPTER 10, OF THE HAWAII REVISED STATUTES. IT MANDATES OHA TO SERVE AS A RECEPTACLE FOR REPARATIONS AND TO ACT AS A CLEARINGHOUSE FOR FEDERAL OR STATE ASSISTANCE INVOLVING HAWAIIAN PROGRAMS AND PROJECTS. OHA IS ALSO RESPONSIBLE FOR ADVISING, INFORMING AND COORDINATING FEDERAL, STATE AND COUNTY ACTIVITIES RELATING TO PROGRAMS AFFECTING THE NATIVE HAWAIIAN PEOPLE. IT IS WITH THIS ROLE IN MIND THAT OHA SUBMITS THIS TESTIMONY TODAY.

OHA IS PRESENTLY CONDUCTING A SURVEY OF ALL THE HAWAIIAN VETERANS WITH THE INTENT OF IDENTIFYING THE UNIQUE PROBLEMS THAT PLAGUE NATIVE AMERICANS, SUCH AS OUR HAWAIIANS AND IS PLANNING TO FACILITATE SOLUTIONS. OHA IS CONDUCTING THIS STUDY IN COOPERATION WITH THE VIETNAM VETERANS LEADERSHIP PROGRAM AND THE U.S. DEPARTMENT OF LABOR DIRECTOR OF VETERANS EMPLOYMENT. ADDITIONALLY, OHA HAS BEEN IN CLOSE CONTACT WITH

MR. SAM TIANO AND THE STAFF OF OUR LOCAL VETERANS ADMINISTRATION OFFICE AND WITH SEVERAL VETERAN GROUPS. HOPEFULLY, THESE COOPERATIVE VENTURES WILL RESULT IN IMPROVED BENEFITS FOR OUR HAWAIIAN VETERANS. OUR REPRESENTATIVE IN WASHINGTON, D.C., MR. LARRY KAMAKAWIWOOLE, WAS INVITED, NOT AS A MEMBER, BUT AS AN OBSERVER TO THE VETERANS ADMINISTRATION ADVISORY COMMITTEE ON NATIVE AMERICAN VETERANS AFFAIRS BUT DID HAVE AN OPPORTUNITY TO SPEAK ON BEHALF OF OUR HAWAIIAN VETERANS. WITH ALL OTHER FEDERAL AGENCIES, THE HAWAIIANS ARE RECOGNIZED AS NATIVE AMERICANS, EXCEPT BY THE VETERANS ADMINISTRATION. THROUGH YOUR COMMITTEE, WE HOPE TO VOICE THE CONCERNS OF OUR NATIVE HAWAIIAN VETERANS. WE IMPLORE THIS COMMITTEE TO ENCOURAGE THE RECOGNITION OF THE NATIVE HAWAIIAN VETERANS AND TO DIRECT THE VETERANS ADMINISTRATION TO RECOGNIZE HAWAIIAN VETERANS AS NATIVE AMERICANS. TO BE RECOGNIZED BY ALL FEDERAL AGENCIES, EXCEPT THE VETERANS ADMINISTRATION IS DIFFICULT TO UNDERSTAND. HOPEFULLY, THIS COMMISSION WILL ASSIST IN RECTIFYING THIS MATTER.

EVEN AS AN OBSERVER TO THE FIRST MEETING OF THE VETERANS ADMINISTRATION ADVISORY COMMITTEE ON NATIVE AMERICAN VETERANS AFFAIRS, WE STILL VOICED OUR CONCERN ABOUT THE NUMBER ONE PRIORITY WE CONSIDER NEEDED BY ALL OUR VETERANS IN HAWAII, AND THAT IS THE LACK OF A VETERANS HOSPITAL IN HAWAII. REALIZING THAT OUR PRESENT VETERAN POPULATION EXCEEDS 110,000, PLANNING AND CONSIDERATION SHOULD BE GIVEN TO ITS CONTINUOUS GROWTH IN NUMBERS AS MANY NON-RESIDENTIAL MILITARY RETIREES SELECT HAWAII AS THEIR HOME TO RETIRE AT. WITH THE EVER INCREASING POPULATION OF VETERANS IN HAWAII, THERE SHOULD BE ADEQUATE MEDICAL

SUPPORT AND PROPER LONG TERM HOSPITAL FACILITIES TO SUPPORT THEM. IT IS A DEPLORABLE SITUATION WHEN WE, AMERICANS, ARE NOT REPAYING OUR VETERANS WHAT THEY EARNED AND WAS PROMISED TO THEM. I REPEAT, THE MAJOR HEALTH PROBLEM FACING ALL OUR VETERANS IN HAWAII IS THAT THEY DO NOT HAVE A VETERANS HOSPITAL TO SERVE THEM.

WHY MUST HAWAII BE TREATED AS IF IT WAS STILL A TERRITORY? AS THE FIFTIETH STATE, WE HAVE A LARGER VETERAN POPULATION THAN SEVERAL OF OUR SISTER STATES, SUCH AS DELAWARE, NORTH AND SOUTH DAKOTA, VERMONT, WYOMING AND THE DISTRICT OF COLUMBIA YET THEY HAVE VETERANS HOSPITALS AND HAWAII A SMALL CLINIC. GEOGRAPHICALLY, OUR TRANSPORTATION PROBLEMS DIFFER FROM THE OTHER CONTIGUOUS STATES AS ONE CANNOT DRIVE TO AND FROM THE CLINIC. WE ARE AN ISLAND STATE WHICH CREATES A MAJOR PROBLEM OF TRAVELING TO OUR VETERANS LIVING ON A NEIGHBOR ISLAND. THIS BRINGS ME TO OUR SECOND MAJOR CONCERN, THAT OF BENEFICIARY TRAVEL. DUE TO THE RECENT CHANGES TO THE "VA" BENEFICIARY TRAVEL PROGRAM A VETERAN IS DENIED TRANSPORTATION TO A MEDICAL FACILITY, BECAUSE THE VA" IS NO LONGER AUTHORIZED TO PAY FOR THEIR AIR TRAVEL. SINCE HE CANNOT DRIVE TO OAHU FROM ANY OTHER ISLAND IN THE STATE OF HAWAII, HI IS DENIED THE HEALTH CARE THAT HE IS ENTITLED TO AND PENALIZED FOR THE USE OF CRITICAL NEEDS. COMPOUNDING THIS PROBLEM IS THE FACT THAT WE DO NOT HAVE FACILITIES FOR OVER NIGHT BOARDING ON OAHU FOR OUR VETERANS FROM THE NEIGHBOR ISLANDS. THE END-RESULTS ARE : $72.00 (AVERAGE ROUND TRIP), $85.00 (KAMA'AINA HOTEL RATES) PLUS TRANSPORTATION TO AND FROM AIRPORT ON THEIR ISLAND AND AGAIN WHEN ARRIVING ON OAHU. THE COST TO THE VETERAN, APPROXIMATELY $187.00 JUST TO VISIT THE HONOLULU CLINICS.

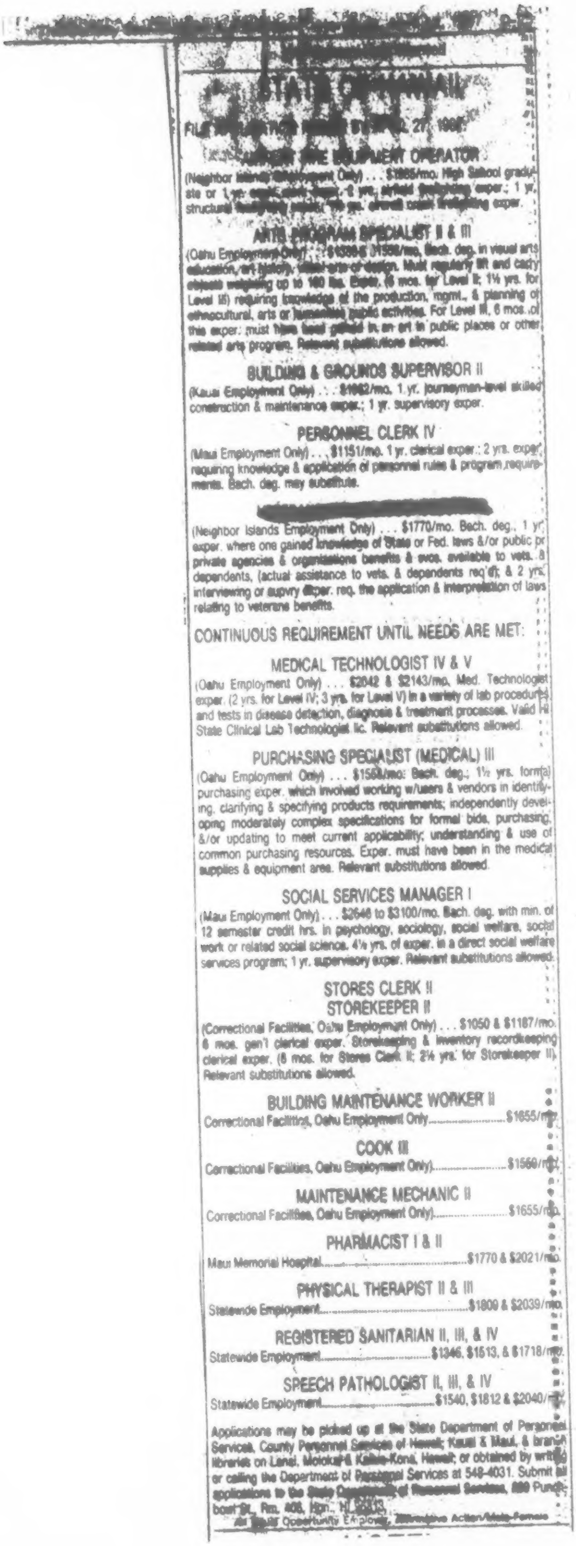
WE ARE ALSO CONCERNED ABOUT THE LACK OF PSYCHIATRIC PERSONNEL RESIDING, OR PRACTICING ON OUR NEIGHBOR ISLANDS. DURING A RECENT MEETING BETWEEN MR. TIANO, OF THE VETERANS ADMINISTRATION OFFICE IN HAWAII AND DR. MEE LEE, THE STATE DEPARTMENT OF HEALTH DIRECTOR OF MENTAL HEALTH, THEY RECOGNIZED THAT THE NEED FOR PSYCHIATRIC MEDICAL SERVICES EXISTED ON THE ISLAND OF MAUI YET AT THE CONCLUSION OF THE MEETING NEITHER HAD A POSITIVE SOLUTION NOR IS THERE AN ACCEPTABLE SOLUTION AVAILABLE TODAY. SOMETHING HAS TO BE DONE AS THERE ARE VETERANS ON OUR NEIGHBOR ISLANDS WHO ARE IN CRITICAL NEED OF SUCH HEALTH CARE SERVICES YET ONLY TOKEN SERVICES OR NONE ARE AVAILABLE.

ANOTHER PRIORITY CONFRONTING HAWAIIAN VETERANS IS THE ANTICIPATED CLOSING OF THE NATIONAL CEMETERY OF THE PACIFIC, AT PUOWAINA, MOST COMMONLY KNOWN AS PUNCHBOWL, BECAUSE IT WILL BE RUNNING OUT OF BURIAL PLOTS. IT WOULD BE A SAD DAY WHEN A HAWAIIAN CANNOT BE BURIED IN HIS OWN LAND AND MUST BE BURIED AT THE CLOSEST NATIONAL CEMETERY IN RIVERSIDE CALIFORNIA. SENATOR, THE CULTURAL AND RELIGIOUS IMPACT ALONE IN HAWAII SHOULD FORCE RECONSIDERATIONS OR AN ALTERNATIVE. I REALIZE THE STATE IS LOOKING INTO THIS PROBLEM, BUT ISN'T THERE SOMETHING THIS COMMITTEE ON VETERANS' AFFAIRS COULD DO FOR YOUR FELLOW VETERANS HERE IN HAWAII NEI.

MANY OF OUR PROBLEMS THAT WILL BE DISCUSSED TODAY REFLECT ON THE MANNER OF HOW OUR VETERANS HAVE BEEN TREATED. THE VETERANS HERE IN HAWAII HAVE ALWAYS BEEN OVERLOOKED BY THE "VA" IN MANY AREAS OF CONSIDERATION. ALTHOUGH YOU MAY AGREE WITH THOSE GATHERED HERE TODAY

THAT THE PRIORITY CONSIDERATION IS THE CONSTRUCTION OF ADEQUATE HEALTH CARE FACILITIES WHICH HAS BEEN HARD TO COME BY. THERE HAS BEEN A LOT OF TALK IN THE PAST ABOUT A FACILITY FOR OUR VETERANS, BUT TO THIS DAY WE SEE NOTHING. EVEN NOW THERE ARE DISCUSSIONS ABOUT THE "E" WING OF TRIPLER GENERAL HOSPITAL BEING AVAILABLE TO "VA" FOR A VETERANS HOSPITAL. NOBODY TALKS ABOUT THE "CLAUSE" THAT THE ARMY HAS THE RIGHT TO TAKE IT AWAY WHEN IT'S "FOR THE GOOD OF THE SERVICE". WE NEED A VETERANS HOSPITAL TOTALLY DEDICATED TO THE BETTERMENT OF THE HEALTH OF VETERANS IN HAWAII AND ALSO FOR THOSE VETERANS LOCATED ON OTHER ISLANDS IN THE PACIFIC BASIN.

THERE ARE MANY ISSUES THAT OTHERS WILL TESTIFY ABOUT TODAY, HOWEVER, THESE ARE THE MORE IMPORTANT PROBLEMS THAT CONFRONT OUR HAWAIIAN VETERANS WHICH STRONGER IMPACT ON NATIVE HAWAIIANS AND I IMPLORE YOUR COMMITTEE TO DEVELOP A SOLUTION FOR US. THANK YOU FOR BRINGING THIS HEARING TO HAWAII WHERE MORE OF US ARE ALLOWED THE ABILITY TO MEET WITH YOU AND TESTIFY ON BEHALF OF OUR FELLOW VETERANS. YOUR CONCERN AND SUPPORT IS MUCH APPRECIATED BY US ALL. MAHALO NUI LOA.



STATE OF HAWAII

FILE [illegible] 27, 1987

[illegible] FIRE EQUIPMENT OPERATOR

(Neighbor Islands Employment Only) . . . $1865/mo. High School graduate or 1 yr. [illegible] 2 yrs. airfield firefighting exper.; 1 yr. structural firefighting [illegible] yrs. overall crash firefighting exper.

ARTS PROGRAM SPECIALIST II & III

(Oahu Employment Only) . . . $[illegible] & $1558/mo. Bach. deg. in visual arts education, art history, visual arts or design. Must regularly lift and carry objects weighing up to 100 lbs. Exper. (6 mos. for Level II; 1½ yrs. for Level III) requiring knowledge of the production, mgmt., & planning of ethnocultural, arts or humanities public activities. For Level III, 6 mos. of this exper. must have been gained in an art in public places or other related arts program. Relevant substitutions allowed.

BUILDING & GROUNDS SUPERVISOR II

(Kauai Employment Only) . . . $1662/mo. 1 yr. journeyman-level skilled construction & maintenance exper.; 1 yr. supervisory exper.

PERSONNEL CLERK IV

(Maui Employment Only) . . . $1151/mo. 1 yr. clerical exper.; 2 yrs. exper. requiring knowledge & application of personnel rules & program requirements. Bach. deg. may substitute.

[redacted]

(Neighbor Islands Employment Only) . . . $1770/mo. Bach. deg., 1 yr. exper. where one gained knowledge of State or Fed. laws &/or public or private agencies & organizations benefits & svcs. available to vets. & dependents, (actual assistance to vets. & dependents req'd); & 2 yrs. interviewing or supvry exper. req. the application & interpretation of laws relating to veterans benefits.

CONTINUOUS REQUIREMENT UNTIL NEEDS ARE MET:

MEDICAL TECHNOLOGIST IV & V

(Oahu Employment Only) . . . $2042 & $2143/mo. Med. Technologist exper. (2 yrs. for Level IV; 3 yrs. for Level V) in a variety of lab procedures and tests in disease detection, diagnosis & treatment processes. Valid HI State Clinical Lab Technologist lic. Relevant substitutions allowed.

PURCHASING SPECIALIST (MEDICAL) III

(Oahu Employment Only) . . . $155[illegible]/mo. Bach. deg.; 1½ yrs. formal purchasing exper. which involved working w/users & vendors in identifying, clarifying & specifying products requirements; independently developing moderately complex specifications for formal bids, purchasing, &/or updating to meet current applicability; understanding & use of common purchasing resources. Exper. must have been in the medical supplies & equipment area. Relevant substitutions allowed.

SOCIAL SERVICES MANAGER I

(Maui Employment Only) . . . $2646 to $3100/mo. Bach. deg. with min. of 12 semester credit hrs. in psychology, sociology, social welfare, social work or related social science. 4½ yrs. of exper. in a direct social welfare services program; 1 yr. supervisory exper. Relevant substitutions allowed.

STORES CLERK II
STOREKEEPER II

(Correctional Facilities, Oahu Employment Only) . . . $1050 & $1187/mo. 6 mos. gen'l clerical exper. Storekeeping & inventory recordkeeping clerical exper. (6 mos. for Stores Clerk II; 2½ yrs. for Storekeeper II). Relevant substitutions allowed.

BUILDING MAINTENANCE WORKER II

Correctional Facilities, Oahu Employment Only.......................$1655/mo.

COOK III

Correctional Facilities, Oahu Employment Only)......................$1569/mo.

MAINTENANCE MECHANIC II

Correctional Facilities, Oahu Employment Only)......................$1655/mo.

PHARMACIST I & II

Maui Memorial Hospital......................$1770 & $2021/mo.

PHYSICAL THERAPIST II & III

Statewide Employment......................$1809 & $2039/mo.

REGISTERED SANITARIAN II, III, & IV

Statewide Employment......................$1346, $1513, & $1718/mo.

SPEECH PATHOLOGIST II, III, & IV

Statewide Employment......................$1540, $1812 & $2040/mo.

Applications may be picked up at the State Department of Personnel Services, County Personnel Services of Hawaii; Kauai & Maui, & branch libraries on Lanai, Molokai & Kailua-Kona, Hawaii; or obtained by writing or calling the Department of Personnel Services at 548-4031. Submit all applications to the State Department of Personnel Services, 830 Punchbowl St., Rm. 405, Hon., HI 96813.

An Equal Opportunity Employer, Affirmative Action/Male-Female

Career Opportunity
State of Hawaii

STATE OF HAWAII • DEPARTMENT OF PERSONNEL SERVICES • 830 PUNCHBOWL STREET • HONOLULU, HAWAII 96813-2986

April 12, 1987

03406:032086

Last Day To File Applications: April 27, 1987

VETERANS AFFAIRS COUNSELOR IV - Recruitment No. 870123

(NEIGHBOR ISLANDS EMPLOYMENT ONLY)
$1,770 per month (SR-21)

Job Duties: Administer, coordinate, and evaluate a comprehensive island-wide benefits and assistance program for veterans, their families and dependents, and servicemen; provide continuing veterans affairs counseling services for the full range of cases, including the most complex, coming within the scope of the program without a supervisor available for technical direction; and perform other duties as required.

Education Requirement: Graduation from an accredited university. Progressively responsible administrative, professional, investigative, or other analytical work experience may be substituted for education on a year-for-year basis.

General Experience Requirement: One year of progressively responsible experience in which applicants obtained a general knowledge of benefits and services available to veterans and their dependents under State or Federal laws or special benefits and services they may be entitled to receive from public or private agencies and organizations. This experience must have been obtained in work which involved assisting others including veterans and their dependents with personal problems toward their resolution.

Experience assisting veterans and their dependents need not have been on a full-time assignment basis but must have been at least a part of the applicant's overall experience of working with others.

Examples of qualifying experience are, employment interviewing or counseling, guidance counseling, rehabilitation work, social casework or group-work, parole-probation counseling, or religious counseling.

Specialized Experience Requirement: Two years of experience in performing or supervising work which involved interviewing, making determinations, or conducting investigations, requiring the explanation, application, and interpretation of laws relating to veterans benefits administered by the State of Hawaii or the Veterans Administration and other regulations, procedures, and practices based thereon.

This experience may have been gained as:

1. A service officer, or as an employee in a position of comparable duties and responsibilites, in a veterans service organization, or in a State, Federal, or local veterans agency which required the applicant to counsel and otherwise assist veterans or their beneficiaries in the handling of presentation of claims under appropriate laws.

2. An accredited representative with a service organization performing work which involved the handling or presentation of claims of veterans or their beneficiares under the laws administered by the State of Hawaii or Veterans Administration.

3. A contact representative assisting claimants, beneficiaries, or their representatives by furnishing information with reference to benefits available under the laws administered by the State government or Veterans Administration; by aiding such persons in preparing proper forms for claims, hospitalization, insurance, and other benefits; by procuring necessary evidence and affidavits to support claims; or by representing such persons in hearings before appeals boards.

(continued on back)

(See Information on Back)

"An Equal Opportunity Employer"

QUALITY OF EXPERIENCE: Possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. The applicant's overall paid or unpaid experience must have been of such scope and responsibility as to conclusively demonstrate that he has the ability to perform the duties of the position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours per week you worked.

NOTE: The Department of Personnel Services will not withhold the referral of names of eligibles for employment consideration because of an applicant's failure to provide accurate and complete information of his qualifications.

EXAMINATION: Unless otherwise specified in this announcement, applicants must qualify on an appropriate examination designed to measure the applicants' knowledges and skills necessary for satisfactory performance of the duties and responsibilities of this class of work. Applicants will be notified at a later date of the time and place of the examination, if they are required to report for a written, oral and/or performance test. Handicapped persons who require reasonable, special accommodation, (such as reader service) may submit a written request prior to the reporting date.

VETERANS PREFERENCE: Those claiming 5 or 10 point Veterans Preference must submit or present a copy of DD 214 and/or other substantiating documents specifying periods of service.

MERIT OR CIVIL SERVICE SYSTEM: This is for State Civil Service employment only. All applicants must meet minimum qualification requirements, including education, experience, and other public employment requirements.

By law, the names of the five applicants with the highest examination grades will be referred to the employing agency in the order of their examination grade and availability for employment. (All persons with the same grade as the fifth applicant will also have their names referred.)

The employing agency may select **any one** of the eligibles referred. The names of those not selected will be kept on an availability list for at least one year from the date of placement on the list for future employment consideration.

CITIZENSHIP AND RESIDENCE: Applicants must be citizens, permanent resident aliens or nationals of the United States and residents of Hawaii. (Permanent resident aliens must present or submit a copy of their Alien Registration Receipt Form I-151.) If there is a question regarding the residence status of an applicant, it is the applicant's responsibility to provide documentary evidence of abandonment of previous residence or establishment of Hawaii residence, e.g., filing State income tax returns, voting, and so on. See job qualification and examination requirements for exceptions to the Hawaii residency requirement, if any.

PHYSICAL/MENTAL REQUIREMENTS: Applicants must be physically and mentally able to perform efficiently the duties of the position, which are described elsewhere in this announcement. For some positions, applicants who are being considered for appointment will be required to take and pass a pre-employment physical with the State appointed physician. The cost of the physical will be incurred by the individual and payment is due in full at the time of the physical. A person with a handicap will be considered upon demonstration of ability to perform the required tasks or have the ability or means to compensate sufficiently for the handicap to perform the job. Any physical or mental condition which would cause the applicants to be a hazard to themselves or to others will disqualify them for appointment.

HOW TO FILE: Applications should be submitted in person or by mail to the:
Department of Personnel Services
830 Punchbowl St
Honolulu, HI 96813-2986

Applications may be obtained at the State Department of Personnel Services; departments of personnel services of the counties of Hawaii, Kauai, and Maui; the branch public libraries on Lanai and Molokai, and at Kealakekua, Kailua-Kona, Kapaau, Pahala, and Waimea, Hawaii; and at Satellite City Halls on Oahu.

WHEN TO FILE: File applications immediately. Mailed applications and supplemental materials should be postmarked by midnight of the last day to file applications. For positions indicating *Continuous Recruitment* (continuous recruitment until needs are met), the last day to file applications will be posted in our office two weeks prior to the effective date.

NOTIFICATION: Applicants will be notified, in writing, of their employment eligibility.

ADMINISTRATIVE REVIEW: Applicants may request an administrative review of their qualifications by presenting additional information to substantiate the request. This must be done within 10 days following the date their eligibility notice was sent. Requests for review must be made to the Department of Personnel Services at the address listed above.

APPEALS: Applicants may also appeal their ratings to the Civil Service Commission within 20 days following the mailing date of their eligibility notice or administrative review decision. Appeals to the commission must be in writing and include the specific reasons for the appeal. A change in the rating of an applicant will not affect the employment consideration of referred applicants or an applicant's appointment.

Address all appeals to the:
Civil Service Commission
C/O Department of Personnel Services
830 Punchbowl St
Honolulu, HI 96813-2986

VETERANS AFFAIRS COUNSELOR IV (continued)

4. A claims examiner or in any other legal, quasi-legal, or examining position which required (a) the examination, review, or adjudication of claims arising under laws administered by the State or the Veterans Administration, or (b) knowledge and application of provisions of such laws, and/or regulations procedures, and practices based thereon.

For all positions, the applicant must demonstrate possession of (a) the ability to speak and deal effectively with individuals, and (b) the ability to speak effectively before groups.

Forms To Complete: For this recruitment, you must complete the computerized application booklet, DPS 390 and 315 (OMR), which is available at the State Department of Personnel Services; departments of personnel services of the counties of Hawaii, Kauai and Maui; and the branch libraries on Lanai and Molokai and at Kailua-Kona, on the Island of Hawaii. If you are unable to visit these sites, write or call the State Department of Personnel Services at 548-4031 for an application. The computerized form will not be available at the Satellite City Halls and other libraries. PLEASE DO NOT FOLD THE FORMS; if mailed, enclose them in a 10" x 13" manila envelope.

Supplemental Forms: Applicants must submit at the time of application, evidence of the appropriate training (e.g., official transcript or diploma) in order to be given credit for education.

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

JOHN WAIHEE
GOVERNOR OF HAWAI

PATRICK BOLAN
Acting ADMINISTRATOR

Mailing Address: P. O. Box 3378, Honolulu, HI 96801 Phone: 548-4050

April 13, 1987

The Honorable Alan Cranston
United States Senator
Chairman, Senate Veterans Affiars Committee
Unites States Senate
Washington, D.C. 20510

RE: Statement Delivered in Care of The Honorable Spark Matsunaga, Senator, at Public Hearing Held in Honolulu, Hawaii

Dear Mr. Chairman and Members of the Senate Veterans Affairs Committee:

Thank you for the opportunity to testify on health care services for the veterans in the State of Hawaii. We recognize that there are problems related to veterans' care throughout the State of Hawaii and wish to see that these problems are resolved.

The access to care can be viewed by looking at four levels of health care that should be available to all. The first level is pre-medical care or services that are available to all people aimed at maintaining a degree of wellness. These services are available through the Department of Health and private health agencies. The individual, however, is important at this level for he/she is responsible for his/her own health.

The next three levels (primary, secondary and tertiary) involve the medical care system because one usually has to enter any of these levels through a physician. The second level of care is called primary care. These are services in doctors' and dentists' offices and emergency medical services. A nationally accepted standard by planning agencies has been that primary care services should be within 30 minutes driving time of the consumer. Since there is only the VA Clinic in Honolulu, there are obviously problems with access to care for those veterans living outside of metropolitan Honolulu and on the neighbor islands.

Secondary care refers to services in acute and long term care inpatient facilities, rehabilitation care, home care, mental illness care, drug and alcohol abuse care and chronic dialysis services. These services should be available on the consumer's island. At the present time, our State has hospitals on every island. In 1985, acute care hospitals on

Oahu had an annual occupancy rate of 67.7 percent while the neighbor islands' 1985 annual occupancy rate was 51.7 percent. In our planning, we feel that acute care hospitals should operate with a statewide occupancy rate of 80 percent. In 1985, the Statewide annual occupancy rate was 64.1 percent. It is our opinion that the acute care facilities throughout the State have capacity for caring for everyone. The VA needs to have more flexible rules or policies that would allow veterans to receive hospital care on their island of residence.

In-patient psychiatric beds are also available throughout the State. In 1985, these beds were utilized at an annual occupancy rate of 62.1 percent on Oahu, 38.3 percent for the neighbor islands and 57.9 percent for all psychiatric beds in the State. It would again appear that veterans should be able to receive psychiatric care on their island of residence. However, it must be noted that inpatient services for alcohol and drug abuse are available only in Oahu facilities. Since we do not monitor these beds specifically, we are unable to comment on the utilization and availability.

We do have a problem with long term inpatient care (LTC). In 1985, LTC facilities operated with high occupancy rates -- 97.2 percent for Oahu, 95.3 percent for the neighbor islands and 96.6 percent statewide. Our Agency has granted certificates of needs for the construction of additional LTC beds on Oahu, Maui and Hawaii. Given the average age of veterans today and the additional beds that will become available, we can see the need for LTC beds specifically for veterans. In 1985, there were 27.8 beds available for persons 65 and over throughout the State. With our increasing elderly population, this will be 27.5 beds/1000 persons over 65 years in 1990 when the additional beds will become available. Our present standard is that we should have 30 to 40 nursing home beds per 1,000 population over 65 years of age. This is far below the national rate, which in 1985, was at around 50 beds per 1,000 population over 65 years of age. In view of all of this, we support the establishment of a LTC facility for veterans.

Because people want to remain at home for as long as possible, the VA needs to also explore at-home alternatives (home care, day care, day health, etc.) for veterans on their island of residence.

Care at the tertiary level is highly specialized and used by a small percentage of any population. Because of the complexity, cost and relatively low utilization, our standard is that these services should be provided by one or more of the major medical centers on Oahu. These services include heart surgery, organ transplantation, burn care, oncology-radiation therapy and high-risk neonatal care.

Since our Agency is responsible for planning for health services and facilities for all residents of the State and administering the certificate of need program, we are committed to assisting the VA in ensuring veterans quality care yet with minimal disruption of their families.

Sincerely yours,

PATRICK J. BOLAND
Acting Administrator

GP/PJB:kk

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY

JOHN WAIHEE
GOVERNOR OF HAWAII

PATRICK BOLAND
Acting ADMINISTRATOR

Mailing Address: P. O. Box 3378, Honolulu, HI 96801 Phone: 548-4050

May 15, 1987

The Honorable Spark M. Matsunaga
United States Senate
109 Hart Senate Office Building
Washington, D. C. 20510

Dear Senator Matsunaga:

At the Veterans' hearings in Honolulu last month, you asked for information about hospital use rates. In 1985, the admission rate for acute inpatient care was 94.2 admissions/1,000 population and for nursing home (SNF/ICF) admissions, it was 2.5 admissions/1,000 population.

I'm also sending you a copy of the 1985 utilization for all our inpatient facilities. The 1986 report is not yet available.

Please let me know if I can be of any further assistance.

Sincerely yours,

Gladys Park

Mrs. GLADYS PARK
Chief, Planning Branch

GP:kk

Enclosure (1985 utilization report)

JOHN WAIHEE
GOVERNOR OF HAWAII

JOHN C. LEWIN, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HAWAII 96801

In reply, please refer to:
File:

May 28, 1987

The Honorable Spark Matsunaga
United States Senator
United States Senate
109 Hart Building
Washington, D.C. 20510

Dear Senator Matsunaga:

In response to your request at the Veteran's Affairs Committee hearing in Honolulu last month, I am attaching the requested data for acute care statewide utilization rates and gross numbers of admissions, and long term care utilization rates per capita which includes data for both the first quarter of 1986 and for 1985. The 1985 utlization rates were:

Acute Care - .5 inpatient days per capita
Long Term Care - 9.6 inpatient days per capita

We, however, have not been able to gather information on outpatient care rates and numbers.

Thank you very much for your efforts in this area and we look forward to working with the federal government to develop innovative health care services for our Veterans in Hawaii.

Sincerely,

Hon.
JOHN C. LEWIN, M.D.
Director of Health

Attachment

cc U.S. Senator Daniel Inouye
U.S. Representative Daniel Akaka
U.S. Representative Patricia Saiki
Veteran's Affairs Committee - United States Senate
Veteran's Affairs Committee - United States House of Representatives

1985 UTILIZATION
LONG TERM CARE BEDS

			1985	TOTAL		
	Beds	IPDs	Adms	ALOS	%Occ	ADC
Metro Honolulu						
Ann Pearl	86	31244	38	822	99.5%	86
Arcadia	60	17493	89	197	84.1%	48
Beverly Manor	108	38455	113	340	97.6%	105
Conv. Center	183	64860	128	507	97.4%	178
Crawford's	68	23102	36	642	93.1%	63
Hale Ho Aloha	73	26559	39	681	99.7%	73
Hale Malamalama	31	11269	15	751	99.6%	31
Hale Nani	232	83619	182	459	98.7%	229
Island Nursing	42	15268	20	763	99.6%	42
Kahanaola	42	14394	40	360	93.9%	39
Kahuku	15	4691	26	180	85.7%	13
Kuakini	150	54600	189	289	99.7%	150
Leahi	130	48866	57	857	103.0%	134
Leeward	50	18178	28	649	99.6%	50
Maluhia	158	55184	95	581	95.7%	151
Maunalani	101	34159	92	371	92.7%	94
Nuuanu Hale	75	26339	61	432	96.2%	72
St. Francis	76	26242	226	116	94.6%	72
Wahiawa	93	33140	48	690	98.7%	91
Oahu Total	1773	627662	1522	412	97.2%	1720
Hawaii County						
Life Care Ctr	108	37074	254	146	94.0%	102
Hilo	8	2784	11	253	95.3%	8
Honokaa	8	2879	11	262	98.6%	8
Ka'u	18	5565	26	214	84.7%	15
Kohala	22	4775	57	84	59.5%	13
Kona	240	87499	131	668	99.9%	240
Hawaii County	404	140576	490	287	95.3%	385
Maui County						
Hale Makua	244	87367	213	410	98.1%	239
Kula	94	32606	68	480	95.0%	89
Lanai	8	2480	9	276	84.9%	7
Molokai	14	4944	19	260	96.8%	14
Maui County	360	127397	309	412	97.0%	349
Kauai County						
Kauai Veterans	17	2082	13	160	54.3%	6
Mahelona	67	20432	35	584	91.0%	56
G.N. Wilcox	80	27013	206	131	96.1%	74
Kauai County	164	49527	254	195	91.1%	136
OAHU	1773	627662	1522	412	97.2%	1720
NEIGHBOR ISLANDS	928	317500	1053	302	95.3%	870
STATEWIDE TOTAL	2701	945162	2575	367	96.6%	2589

Note: Hawaii Select Care with 92 beds will be added as of 1/1/86; St. Francis will return to 52 beds as of 1/1/86

1985 UTILIZATION
LONG TERM CARE BEDS
4-16-86

			SKILLED NURSING			
	Beds	IPDs	Adms	ALOS	%Occ	ADC
Metro Honolulu						
Ann Pearl	0					
Arcadia	60	17493	89	197	84.1%	48
Beverly Manor	0					
Conv. Center	0					
Crawford's	0					
Hale Ho Aloha	0					
Hale Malamalama	0					
Hale Nani	0					
Island Nursing	42	15268	20	763	99.6%	42
Kahanaola	0					
Kahuku	11	3985	8	498	99.3%	11
Kuakini	50	18141	113	161	99.4%	50
Leahi	92	33748	38	888	100.5%	92
Leeward	0					
Maluhia	0					
Maunalani	101	34159	92	371	92.7%	94
Nuuanu Hale	75	26339	61	432	96.2%	72
St. Francis	76	26242	226	116	94.6%	72
Wahiawa	0					
Oahu Total	507	175375	647	271	94.0%	480
Hawaii County						
Hilo	36	10828	216	50	82.4%	30
Honokaa	8	2784	11	253	95.3%	8
Ka'u	8	2879	11	262	98.6%	8
Kohala	2	164	10	16	22.5%	0
Kona	0					
Life Care Ctr	0					
Hawaii County	54	16655	248	67	84.5%	46
Maui County						
Hale Makua	120	42636	147	290	97.3%	117
Kula	0					
Lanai	0					
Molokai	0					
Maui County	120	42636	147	290	97.3%	117
Kauai County						
Kauai Veterans	6	2082	13	160	95.1%	6
Mahelona	0					
G.N. Wilcox	0					
Kauai County	6	2082	13	160	95.1%	6
OAHU	507	175375	647	271	94.0%	480
NEIGHBOR ISLANDS	180	61373	408	150	93.4%	168
STATEWIDE TOTAL	687	236748	1055	224	93.9%	649

1985 UTILIZATION
LONG TERM CARE BE

			INTERMEDIATE CARE			
	Beds	IPDs	Adms	ALOS	%Occ	ADC
Metro Honolulu						
Ann Pearl	86	31244	38	822	99.5%	86
Arcadia	0					
Beverly Manor	0					
Conv. Center	0					
Crawford's	68	23102	36	642	93.1%	63
Hale Ho Aloha	73	26559	39	681	99.7%	73
Hale Malamalama	31	11269	15	751	99.6%	31
Hale Nani	0					
Island Nursing	0					
Kahanaola	0					
Kahuku	0					
Kuakini	100	36459	76	480	99.9%	100
Leahi	38	15118	19	796	109.0%	41
Leeward	50	18178	28	649	99.6%	50
Maluhia	0					
Maunalani	0					
Nuuanu Hale	0					
St. Francis	0					
Wahiawa	0					
Oahu Total	446	161929	251	645	99.5%	444
Hawaii County						
Hilo	72	26246	38	691	99.9%	72
Honokaa	0					
Ka'u	0					
Kohala	16	5401	16	338	92.5%	15
Kona	0					
Life Care Ctr	240	87499	131	668	99.9%	240
Hawaii County	328	119146	185	644	99.5%	326
Maui County						
Hale Makua	124	44731	66	678	98.8%	123
Kula	0					
Lanai	0					
Molokai	0					
Maui County	124	44731	66	678	98.8%	123
Kauai County						
Kauai Veterans	0					
Mahelona	0					
G.N. Wilcox	0					
Kauai County	0	0	0	0	0.0%	0
OAHU	446	161929	251	645	99.5%	444
NEIGHBOR ISLANDS	452	163877	251	653	99.3%	449
STATEWIDE TOTAL	898	325806	502	649	99.4%	893

1985 UTILIZATION
LONG TERM CARE BEDS

			SNF/ICF			
	Beds	IPDs	Adms	ALOS	%Occ	ADC
Metro Honolulu						
Ann Pearl	0					
Arcadia	0					
Beverly Manor	108	38455	113	340	97.6%	105
Conv. Center	183	64860	128	507	97.4%	178
Crawford's	0					
Hale Ho Aloha	0					
Hale Malamalama	0					
Hale Nani	232	83619	182	459	98.7%	229
Island Nursing	0					
Kahanaola	42	14394	40	360	93.9%	39
Kahuku	0					
Kuakini	0					
Leahi	0					
Leeward	0					
Maluhia	158	55184	95	581	95.7%	151
Maunalani	0					
Nuuanu Hale	0					
St. Francis	0					
Wahiawa	93	33140	48	690	98.7%	91
Oahu Total	816	289652	606	478	97.4%	794
Hawaii County						
Hilo	0					
Honokaa	0					
Ka'u	0					
Kohala	0					
Kona	22	4775	57	84	59.5%	13
Life Care Ctr	0					
Hawaii County	22	4775	57	84	59.5%	13
Maui County						
Hale Makua	0					
Kula	94	32606	68	480	95.0%	89
Lanai	8	2480	9	276	84.9%	7
Molokai	14	4944	19	260	96.8%	14
Maui County	116	40030	96	417	94.5%	110
Kauai County						
Kauai Veterans	0					
Mahelona	61	20432	35	584	95.7%	56
G.N. Wilcox	80	27013	206	131	96.1%	74
Kauai County	141	47445	241	197	95.9%	130
OAHU	816	289652	606	478	97.4%	794
NEIGHBOR ISLANDS	279	92250	394	234	92.4%	253
STATEWIDE TOTAL	1095	381902	1000	382	96.2%	1046

1985 UTILIZATION
LONG TERM CARE BEDS

			ACUTE/SNF SWING			
	Bed	IPDs	Adm	ALOS	%Occ	ADC
Metro Honolulu						
Ann Pearl	0					
Arcadia	0					
Beverly Manor	0					
Conv. Center	0					
Crawford's	0					
Hale Ho Aloha	0					
Hale Malamalama	0					
Hale Nani	0					
Island Nursing	0					
Kahanaola	0					
Kahuku	4	706	18	39	48.4%	2
Kuakini	0					
Leahi	0					
Leeward	0					
Maluhia	0					
Maunalani	0					
Nuuanu Hale	0					
St. Francis	0					
Wahiawa	0					
Oahu Total	4	706	18	39	48.4%	2
Hawaii County						
Hilo	0					
Honokaa	0					
Ka'u	0					
Kohala	0					
Kona	0					
Life Care Ctr	0					
Hawaii County	0	0	0	0	0.0%	0
Maui County						
Hale Makua	0					
Kula	0					
Lanai	0					
Molokai	0					
Maui County	0	0	0	0	0	0
Kauai County						
Kauai Veterans	11					
Mahelona	6					
G.N. Wilcox	0					
Kauai County	17	0	0	0	0.0%	0
OAHU	4	706	18	39	48.4%	2
NEIGHBOR ISLANDS	17	0	0	0	0	0
STATEWIDE TOTAL	21	706	18	39	48.4%	2

1985 UTILIZATION
ACUTE CARE HOSPITALS

			1985 TOTAL			
	Beds	IPDs	Adms	ALOS	Occ	ADC
Metropolitan Honolulu						
Kaiser	176	44615	7760	5.7	69.5%	122
KWCMC	226	59212	13882	4.3	71.8%	162
Kuakini	250	63197	7588	8.3	69.3%	173
Queen's	506	132076	17793	7.4	71.5%	362
St. Francis	256	52579	7173	7.3	56.3%	144
Straub	159	45495	7220	6.3	78.4%	125
Subtotal	1573	397174	61416	6.5	69.2%	1088
Suburban Honolulu						
Castle	156	40686	6348	6.4	71.5%	111
Kahi Mohala	88	11798	654	18.0	36.7%	32
Kahuku	11	1917	697	2.8	47.7%	5
Wahiawa	69	16941	2767	6.1	67.3%	46
Subtotal	324	71342	10466	6.8	60.3%	195
Military						
Tripler	509	4313	692	6.2	2.3%	12
Hawaii County						
Hilo	165	31260	6700	4.7	51.9%	86
Honokaa	27	2081	436	4.8	21.1%	6
Ka'u	7	149	112	1.3	5.8%	0
Kohala	8	474	162	2.9	16.2%	1
Kona	53	10473	2903	3.6	63.8%	29
Subtotal	260	44437	10313	4.3	48.3%	122
Maui County						
Hana	4	44	44	1.0	3.0%	0
Kula	4	14	6	2.3	1.0%	0
Lanai	6	283	98	2.9	12.9%	1
Maui	145	35558	7356	4.8	67.2%	97
Molokai	16	1012	331	3.1	17.3%	3
Subtotal	175	36911	7835	4.7	57.8%	101
Kauai County						
Kauai Veterans	27	5564	928	6.0	56.5%	15
Mahelona	9	1615	290	5.6	49.2%	4
G.N. Wilcox	81	14194	3691	3.8	48.0%	39
Subtotal	117	21373	4909	4.4	50.0%	59
OAHU w/o Tripler	1897	468516	71882	6.5	67.7%	1284
NEIGHBOR ISLANDS	552	102721	23057	4.5	51.7%	281
STATEWIDE TOTAL	2449	571237	94939	6.0	64.1%	1565
TOTAL w/ Tripler	2958	575550	95631	6.0	53.5%	1577

MEDICAL - SURGICAL						CRITICAL CARE						
Beds	IPDs	Adms	ALOS	Occ	ADC	Beds	IPDs	Adms	ALOS	Occ	ADC	Beds
105	30502	4236	7.2	79.6%	84	20	5319	973	5.5	72.9%	15	31
68	7534	2173	3.5	30.4%	21	22	4110	311	13.2	51.2%	11	60
225	58420	6445	9.1	71.1%	160	25	4777	1143	4.2	52.4%	13	0
404	102318	14008	7.3	69.4%	280	27	8530	497	17.2	86.6%	23	25
230	48526	6148	7.9	57.8%	133	22	3886	985	3.9	48.4%	11	0
136	40188	6202	6.5	81.0%	110	23	5307	1018	5.2	63.2%	15	0
1168	287488	39212	7.3	67.4%	788	139	31929	4927	6.5	62.9%	87	116
79	21054	3561	5.9	73.0%	58	8	1464	664	2.2	50.1%	4	14
0						0						0
6	1543	532	2.9	70.5%	4	2	0	0	0.0	0.0%	0	3
50	14382	1917	7.5	78.8%	39	5	967	287	3.4	53.0%	3	14
135	36979	6010	6.2	75.0%	101	15	2431	951	2.6	44.4%	7	31
387	2867	361	7.9	2.0%	8	0						41
84	21429	3528	6.1	69.9%	59	12	2222	874	2.5	50.7%	6	18
19	1655	248	6.7	23.9%	5	2	228	84	2.7	31.2%	1	4
4	135	73	1.8	9.2%	0	1	0	0	0.0	0.0%	0	2
4	470	159	3.0	32.2%	1	0						4
31	8589	2030	4.2	75.9%	24	6	714	314	2.3	32.6%	2	8
142	32278	6038	5.3	62.3%	88	21	3164	1272	2.5	41.3%	9	36
4	44	44	1.0	3.0%	0	0						0
4	14	6	2.3	1.0%	0	0						0
3	243	79	3.1	22.2%	1	1	0	0	0.0	0.0%	0	1
104	28892	4974	5.8	76.1%	79	8	1738	563	3.1	59.5%	5	18
12	943	283	3.3	21.5%	3	0						4
127	30136	5386	5.6	65.0%	83	9	1738	563	3.1	52.9%	5	23
18	4938	641	7.7	75.2%	14	2	261	125	2.1	35.8%	1	7
0						0						0
64	11384	2476	4.6	48.7%	31	8	959	486	2.0	32.8%	3	9
82	16322	3117	5.2	54.5%	45	10	1220	611	2.0	33.4%	3	16
1303	324467	45222	7.2	68.2%	889	154	34360	5878	5.8	61.1%	94	147
351	78736	14541	5.4	61.5%	216	40	6122	2446	2.5	41.9%	17	75
1654	403203	59763	6.7	66.8%	1105	194	40482	8324	4.9	57.2%	111	222
2041	406070	60124	6.8	54.5%	1113	194	40482	8324	4.9	57.2%	111	263

OBSTETRIC						PEDIATRIC						
IPDs	Adms	ALOS	Occ	ADC	Beds	IPDs	Adms	ALOS	Occ	ADC	Bed	IPDs
6215	1890	3.3	54.9%	17	18	2579	661	3.9	39.3%	7	2	
24751	7616	3.2	113.0%	68	64	13698	3508	3.9	58.6%	38	12	9119
					0						0	
4937	1621	3.0	54.1%	14	0						0	
					4	167	40	4.2	11.4%	0	0	
					0						0	
35903	11127	3.2	84.8%	98	86	16444	4209	3.9	52.4%	45	14	9119
2497	879	2.8	48.9%	7	0						0	
					0						0	
374	165	2.3	34.2%	1	0						0	
1592	563	2.8	31.2%	4	0						0	
4463	1607	2.8	39.4%	12	0	0	0	0.0	0.0%	0	0	0
492	216	2.3	3.3%	1	17	201	75	2.7	3.2%	1	0	
3307	1250	2.6	50.3%	9	30	1622	602	2.7	14.8%	4	0	
142	73	1.9	9.7%	0	2	56	31	1.8	7.7%	0	0	
14	39	0.4	1.9%	0	0						0	
4	3	1.3	0.3%	0	0						0	
1170	559	2.1	40.1%	3	0						0	
4637	1924	2.4	35.3%	13	32	1678	633	2.7	14.4%	5	0	0
					0						0	
					0						0	
36	17	2.1	9.9%	0	0						0	
2210	1173	1.9	33.6%	6	5	1291	437	3.0	70.7%	4	0	
69	48	1.4	4.7%	0	0						0	
2315	1238	1.9	27.6%	6	5	1291	437	3.0	70.7%	4	0	0
365	162	2.3	14.3%	1	0						0	
					0						0	
1851	729	2.5	56.3%	5	0						0	
2216	891	2.5	37.9%	6	0	0	0	0.0	0.0%	0	0	0
40366	12734	3.2	75.2%	111	86	16444	4209	3.9	52.4%	45	14	9119
9168	4053	2.3	33.5%	25	37	2969	1070	2.8	22.0%	8	0	0
49534	16787	3.0	61.1%	136	123	19413	5279	3.7	43.2%	53	14	9119
50026	17003	2.9	52.1%	137	140	19614	5354	3.7	38.4%	54	14	9119

NEONATAL ICU				PSYCHIATRIC					
Adms	ALOS	Occ	ADC	Beds	IPDs	Adms	ALOS	Occ	ADC
				0					
274	33.3	208.2%	25	0					
				0					
				50	16291	1667	9.8	89.3%	45
				0					
				0					
274	33.3	178.5%	25	50	16291	1667	9.8	89.3%	45
				55	15671	1244	12.6	78.1%	43
				88	11798	654	18.0	36.7%	32
				0					
				0					
0	0.0	0.0%	0	143	27469	1898	14.5	52.6%	75
				64	753	40	18.8	3.2%	2
				21	2680	446	6.0	35.0%	7
				0					
				0					
				0					
				8					
0	0.0	0.0%	0	29	2680	446	6.0	35.0%	7
				0					
				0					
				1	4	2	2.0	1.1%	0
				10	1427	209	6.8	39.1%	4
				0					
0	0.0	0.0%	0	11	1431	211	6.8	35.6%	4
				0					
				9	1615	290	5.6	49.2%	4
				0					
0	0.0	0.0%	0	9	1615	290	5.6	49.2%	4
274	33.3	178.5%	25	193	43760	3565	12.3	62.1%	120
0	0.0	0.0%	0	49	5726	947	6.0	38.3%	16
274	33.3	178.5%	25	242	49486	4512	11.0	57.9%	136
274	33.3	178.5%	25	306	50239	4552	11.0	46.2%	138

1985 UTILIZATION
SPECIALTY CARE BEDS

1985 TOTAL

	Beds	IPDs	ADMs	ALOS	%Occ	ADC
Hale Mohalu	21	5951	150	40	77.6%	16.3
Hawaii State	219	88520	680	130	110.7%	242.5
Kalaupapa	24	2317	49	47	26.4%	6.3
Kula	8	2920	0		100.0%	8.0
Leahi	46	4070	72	57	24.2%	11.2
Mahelona	11	14	1	14	0.3%	0.0
Rehab	100	26224	782	34	71.8%	71.8
Shriners	40	10324	272	38	70.7%	28.3
Waimano	410	116972	48	2437	78.2%	320.5
TOTAL	879	257312	2054	125	80.2%	705.0

PSYCHIATRIC

	Beds	IPDs	ADMs	ALOS	%Occ	ADC
Hale Mohalu	0					
Hawaii State	219	88520	680	130	110.7%	242.5
Kalaupapa	0					
Kula	0					
Leahi	20	1798	20	90	24.6%	4.9
Mahelona	0					
Rehab	0					
Shriners	0					
Waimano	0					
TOTAL	239	90318	700	129	103.5%	247.4

ICF/MENTAL RETARDATION

	Beds	IPDs	ADMs	ALOS	%Occ	ADC
Hale Mohalu	0					
Hawaii State	0					
Kalaupapa	0					
Kula	0					
Leahi	0					
Mahelona	0					
Rehab	0					
Shriners	0					
Waimano	350	94206	38	2479	73.7%	258.1
TOTAL	350	94206	38	2479	73.7%	258.1

REHABILITATION

	Beds	IPDs	ADMs	ALOS	%Occ	ADC
Hale Mohalu	0					
Hawaii State	0					
Kalaupapa	0					
Kula	0					
Leahi	0					
Mahelona	0					
Rehab	100	26224	782	34	71.8%	71.8
Shriners	0					
Waimano	0					
TOTAL	100	26224	782	34	71.8%	71.8

TUBERCULOSIS						MENTAL RETARDATION					
Beds	IPDs	ADMs	ALOS	%Occ	ADC	Beds	IPDs	ADMs	ALOS	%Occ	ADC
0						0					
0						0					
0						0					
0						8	2920	0		100.0%	8.0
21	1156	31	37.3	15.1%	3.2	0					
11	14	1	14.0	0.3%	0.0	0					
0						0					
0						0					
0						0					
32	1170	32	36.6	10.0%	3.2	8	2920	0		100.0%	8.0

SNF/MENTAL RETARDATION						HANSEN'S DISEASE					
Beds	IPDs	ADMs	ALOS	%Occ	ADC	Beds	IPDs	ADMs	ALOS	%Occ	ADC
0						21	5951	150	39.7	77.6%	16.3
0						0					
0						24	2317	49	47.3	26.4%	6.3
0						0					
0						0					
0						0					
0						0					
0						0					
60	22766	10	2277	104.0%	62.4	0					
60	22766	10	2277	104.0%	62.4	45	8268	199	41.5	50.3%	22.7

CHILDREN'S ORTHO						MEDICAL/SURGICAL					
Beds	IPDs	ADMs	ALOS	%Occ	ADC	Beds	IPDs	ADMs	ALOS	%Occ	ADC
0						0					
0						0					
0						0					
0						0					
0						5	1116	21	53.1	61.2%	3.1
0						0					
0						0					
40	10324	272	38.0	70.7%	28.3	0					
0						0					
40	10324	272	38.0	70.7%	28.3	5	1116	21	53.1	61.2%	3.1

0203 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY 04/20/87 Page 1

1st Qtr 1986

Specialty Care Facilities Utilization Summary
For Fiscal Year 1986

	PSYCHIATRIC						TUBERCULOSIS						MENTALLY RETARDED						OTHER						TOTAL					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC
Metropolitan Honolulu																														
HALE MOHALU	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	21	1195	37	32	62.36	13	21	1195	37	32	62.36	13
LEAHI HOSPITAL	0	0	0	****	******	0	21	470	10	47	24.53	5	0	0	0	****	******	0	0	0	0	****	******	0	21	470	10	47	24.53	5
REHAB HOSP OF THE PACIFIC	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	100	5362	176	30	50.76	59	100	5362	176	30	50.76	59
SHRINER'S HOSP FOR CR. CH	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	40	3141	83	38	86.05	34	40	3141	83	38	86.05	34
SUBTOTAL	0	0	0	****	******	0	21	470	10	47	24.53	5	0	0	0	****	******	0	161	9698	296	33	66.01	106	182	10168	306	33	61.23	111
Suburban Honolulu																														
HAWAII STATE HOSPITAL	239	20218	186	109	92.71	222	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	239	20218	186	109	92.71	222
WAIMANO TRNG SCH. & HOSP.	0	0	0	****	******	0	0	0	0	****	******	0	350	20884	7	2983	65.39	229	0	0	0	****	******	0	350	20884	7	2983	65.39	229
KAHI MOHALA	88	4299	241	18	53.54	47	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	88	4299	241	18	53.54	47
SUBTOTAL	327	24517	427	57	82.16	269	0	0	0	****	******	0	350	20884	7	2983	65.39	229	0	0	0	****	******	0	677	45401	434	105	73.49	498
Maui																														
KULA HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	8	46	2	23	6.30	1	0	0	0	****	******	0	8	46	2	23	6.30	1
SUBTOTAL	0	0	0	****	******	0	0	0	0	****	******	0	8	46	2	23	6.30	1	0	0	0	****	******	0	8	46	2	23	6.30	1
Molokai																														
KALAUPAPA HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	24	664	7	95	30.32	7	24	664	7	95	30.32	7
SUBTOTAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	24	664	7	95	30.32	7	24	664	7	95	30.32	7
Kauai																														
SAMUEL MAHELONA HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	*****	******	0
SUBTOTAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	*****	******	0
TOTAL	327	24517	427	57	82.16	269	21	470	10	47	24.53	5	358	20930	9	2326	64.07	229	185	10362	303	34	61.38	114	891	56279	749	75	69.22	617

******* ASTERISKS IN REPORT INDICATES FIELD OVERFLOW
Source:

1st Qtr 1986

Acute Care Hospital Utilization Summary
For Fiscal Year 1986

	MEDICAL-SURGICAL						CRITICAL CARE						OBSTETRIC						PEDIATRIC						NEONATAL CARE					
	BEDS	I/P DAYS	ADMISSIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMISSIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMISSIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMISSIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMISSIONS	ALOS	OCCUP %	ADC
Metropolitan Honolulu																														
KAISER MEDICAL CENTER	185	8792	1165	7.5	91.76	96	22	1591	314	5.1	79.25	17	31	1546	493	3.1	54.65	17	18	785	178	4.4	47.79	9	0	0	0	#####	######	0
KAP WOMEN & CHILD. MED CT	68	1028	447	4.1	29.46	20	22	899	117	7.7	44.78	10	60	6291	1830	3.4	114.90	69	64	3514	867	4.1	60.17	39	18	2160	89	24.3	131.51	24
KUAKINI MEDICAL CENTER	225	15515	1625	9.5	75.57	170	25	1293	375	3.4	56.68	14	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
QUEEN'S MEDICAL CENTER	404	25477	3427	7.4	69.11	279	27	2385	81	29.4	96.80	26	25	1194	384	3.1	52.34	13	0	0	0	####	######	0	0	0	0	#####	######	0
SAINT FRANCIS HOSPITAL	290	14195	1435	9.9	67.64	156	25	1119	226	5.0	49.05	12	0	0	0	####	######	0	4	25	7	3.6	6.85	0	0	0	0	#####	######	0
STRAUB CLINIC & HOSP, INC	136	10495	1654	6.3	84.57	115	23	1398	297	4.7	66.61	15	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
TRIPLER MEDICAL CENTER	399	289	74	3.9	0.79	3	0	0	0	####	######	0	45	28	19	1.5	0.68	0	17	0	0	####	0.00	0	0	0	0	#####	######	0
SUBTOTAL	1567	76591	9827	7.8	53.56	839	144	8685	1410	6.2	66.10	95	161	9059	2726	3.3	61.66	99	103	4324	1052	4.1	55.10	47	18	2160	89	24.3	131.51	24
Suburban Honolulu																														
CASTLE MEDICAL CENTER	79	5543	944	5.9	76.09	61	8	325	156	2.1	44.52	4	14	476	171	2.8	37.26	5	0	0	0	####	######	0	0	0	0	#####	######	0
KAHUKU HOSPITAL	6	507	166	3.1	92.60	6	2	0	0	####	0.00	0	3	82	37	2.2	29.95	1	0	0	0	####	######	0	0	0	0	#####	######	0
WAHIAWA GENERAL HOSPITAL	50	3470	457	7.6	76.05	38	5	238	65	3.7	52.16	3	14	411	144	2.9	32.17	5	0	0	0	####	######	0	0	0	0	#####	######	0
SUBTOTAL	135	9520	1567	6.1	77.28	104	15	563	221	2.5	47.46	6	31	969	352	2.8	34.26	11	0	0	0	####	######	0	0	0	0	#####	######	0
Hawaii County																														
HILO HOSPITAL	84	5754	917	6.3	75.07	63	12	391	208	2.8	53.97	6	18	870	315	2.8	52.97	10	30	406	150	2.7	14.83	4	0	0	0	#####	######	0
HONOKAA' HOSPITAL	19	298	55	5.4	17.19	3	2	86	32	2.7	47.12	1	4	14	11	1.3	3.84	0	2	12	7	1.7	6.58	0	0	0	0	#####	######	0
KA'U HOSPITAL	4	42	11	3.8	11.51	0	1	0	0	####	0.00	0	2	2	2	1.0	1.10	0	0	0	0	####	######	0	0	0	0	#####	######	0
KOHALA HOSPITAL	4	141	35	4.0	88.63	2	0	0	0	####	######	0	4	0	0	####	0.00	0	0	0	0	####	######	0	0	0	0	#####	######	0
KONA HOSPITAL	31	2006	498	4.2	73.74	23	6	193	96	2.0	35.25	2	8	251	126	2.0	34.38	3	0	0	0	####	######	0	0	0	0	#####	######	0
SUBTOTAL	142	8321	1516	5.5	64.22	91	21	870	336	2.6	47.67	10	36	1137	454	2.5	38.94	12	32	418	157	2.7	14.32	5	0	0	0	#####	######	0
Maui																														
HANA MEDICAL CENTER	4	10	10	1.0	2.74	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
KULA HOSPITAL	4	4	4	1.0	1.10	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
MAUI MEMORIAL HOSPITAL	104	7298	1272	5.7	76.90	80	8	424	138	3.1	58.80	5	18	587	298	1.8	32.69	6	5	403	137	2.9	80.33	4	0	0	0	#####	######	0
SUBTOTAL	112	7312	1286	5.7	71.55	80	8	424	138	3.1	58.80	5	18	587	298	1.8	32.69	6	5	403	137	2.9	80.33	4	0	0	0	#####	######	0
Lanai																														
LANAI COMMUNITY HOSPITAL	0	0	0	0.0	0.00	0	0	0	0	0.0	0.00	0	0	0	0	0.0	0.00	0	0	0	0	0.0	0.00	0	0	0	0	0.0	0.00	0
SUBTOTAL	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
Molokai																														
MOLOKAI GENERAL HOSPITAL	0	289	74	3.9	######	3	0	0	19	0.0	######	0	0	28	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
SUBTOTAL	0	289	74	3.9	######	3	0	0	19	0.0	######	0	0	28	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0

Acute Care Hospital Utilization Summary
For Fiscal Year 1986

	MEDICAL-SURGICAL						CRITICAL CARE						OBSTETRIC						PEDIATRIC						NEONATAL CARE					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	AUMIS SIONS	ALOS	OCCUP %	ADC
Kauai																														
KAUAI VETS MEMORIAL HOSP	18	1244	178	7.0	75.74	14	2	76	50	1.5	41.64	1	7	79	36	2.2	12.37	1	0	0	0	****	******	0	0	0	0	*****	******	0
SAMUEL MAHELONA HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	*****	******	0
WILCOX MEM. HOSP. & HTH C	64	3286	838	3.9	56.27	36	8	265	121	2.2	36.30	3	9	364	163	2.2	44.32	4	0	0	0	****	******	0	0	0	0	*****	******	0
SUBTOTAL	82	4530	1016	4.5	60.54	50	10	341	171	2.0	37.37	4	16	443	199	2.2	30.34	5	0	0	0	****	******	0	0	0	0	*****	******	0
OAHU	1567	76591	9827	7.8	53.56	839	144	8685	1410	6.2	66.10	95	161	9059	2726	3.3	61.66	99	103	4324	1052	4.1	55.10	47	18	2160	89	24.3	131.51	24
NEIGHBOR ISLANDS	471	29972	5459	5.5	69.74	328	54	2198	885	2.5	47.23	24	101	3114	1303	2.4	35.18	34	37	821	294	2.8	24.32	9	0	0	0	*****	******	0
TOTAL	2038	106563	15286	7.0	57.30	1168	198	10883	2295	4.7	61.16	119	262	12173	4029	3.0	51.71	133	140	5145	1346	3.8	45.84	56	18	2160	89	24.3	131.51	24

******* ASTERISKS IN REPORT INDICATE FIELD OVERFLOW

Continued on the following page.

Acute Care Hospital Utilization Summary
For Fiscal Year 1986

	PSYCHIATRIC						TOTAL					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC
Metropolitan Honolulu												
KAISER MEDICAL CENTER	0	0	0	####	######	0	176	12714	2150	5.9	79.17	139
KAP WOMEN & CHILD. MED CT	0	0	89	0.0	######	0	232	14692	3409	4.3	69.40	161
KUAKINI MEDICAL CENTER	0	0	0	####	######	0	250	16800	2000	8.4	73.68	184
QUEEN'S MEDICAL CENTER	50	4127	381	10.8	90.45	45	506	33183	4273	7.8	71.87	364
SAINT FRANCIS HOSPITAL	0	0	0	####	######	0	259	15339	1668	9.2	64.90	168
STRAUB CLINIC & HOSP, INC	0	0	0	####	######	0	139	11893	1951	6.1	81.97	130
TRIPLER MEDICAL CENTER	64	0	0	####	0.00	0	525	317	93	3.4	0.66	3
SUBTOTAL	114	4127	470	8.8	90.45	45	2107	104946	15574	6.7	54.58	1150
Suburban Honolulu												
CASTLE MEDICAL CENTER	55	3092	340	11.4	77.55	43	156	10236	1611	6.4	71.91	112
KAHUKU HOSPITAL	0	0	0	####	######	0	11	509	203	2.5	50.68	6
WAHIAWA GENERAL HOSPITAL	0	0	0	####	######	0	69	4119	666	6.2	65.42	45
SUBTOTAL	55	3092	340	11.4	77.55	43	236	14864	2480	6.0	69.39	164
Hawaii County												
HILO HOSPITAL	21	782	125	6.3	40.81	9	165	8403	1715	4.9	55.81	92
HONOKAA' HOSPITAL	0	0	0	####	######	0	27	410	105	3.9	16.64	4
KA'U HOSPITAL	0	0	0	####	######	0	7	44	13	3.4	6.89	0
KOHALA HOSPITAL	0	0	0	####	######	0	8	141	35	4.0	19.32	2
KONA HOSPITAL	8	0	0	####	0.00	0	53	2530	720	3.5	52.31	20
SUBTOTAL	29	782	125	6.3	40.81	9	260	11528	2588	4.5	40.59	126
Maui												
HANA MEDICAL CENTER	0	0	0	####	######	0	4	10	10	1.0	2.74	0
KULA HOSPITAL	0	0	0	####	######	0	4	4	4	1.0	1.10	0
MAUI MEMORIAL HOSPITAL	10	365	60	6.1	40.00	4	145	9027	1905	4.7	68.22	99
SUBTOTAL	10	365	60	6.1	40.00	4	153	9041	1919	4.7	64.76	99
Lanai												
LANAI COMMUNITY HOSPITAL	0	0	0	0.0	0.00	0	0	0	0	0.0	0.00	0
SUBTOTAL	0	0	0	####	######	0	0	0	0	#######	########	0
Molokai												
MOLOKAI GENERAL HOSPITAL	0	0	0	####	######	0	0	317	93	3.4	########	3
SUBTOTAL	0	0	0	####	######	0	0	317	93	3.4	########	3

Acute Care Hospital Utilization Summary
For Fiscal Year 1986

	PSYCHIATRIC						TOTAL					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC
Kauai												
KAUAI VETS MEMORIAL HOSP	0	0	0	****	******	0	27	1399	264	5.3	56.70	15
SAMUEL MAHELONA HOSPITAL	9	443	57	7.8	53.94	5	9	443	57	7.8	53.94	5
WILCOX MEM. HOSP. & HTH C	0	0	0	****	******	0	81	3913	1122	3.5	52.97	43
SUBTOTAL	9	443	57	7.8	53.94	5	117	5755	1443	4.0	58.92	63
OAHU	114	4127	470	8.8	99.45	45	2107	104946	15574	6.7	54.58	1150
NEIGHBOR ISLANDS	103	5482	582	9.4	68.24	60	766	41587	8523	4.9	59.50	456
TOTAL	217	9609	1052	9.1	72.62	105	2873	146533	24097	6.1	55.89	1606

******* ASTERISKS IN REPORT INDICATE FIELD OVERFLOW
Source:

1st Qtr
1986

Skilled Nursing/Intermediate Care Facilities Utilization Summary
For Fiscal Year 1986

	SKILLED NURSING						INTERMEDIATE CARE						SNF/ICF						ACUTE/SNF SWING						TOTAL					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC
Metropolitan Honolulu																														
ARCADIA RETIREMENT HOME	60	3661	17	215	66.87	40	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	60	3661	17	215	66.87	40
BEVERLY MANOR CONV. CTR.	0	0	0	####	######	0	0	0	0	####	######	0	108	9392	40	235	95.30	103	0	0	0	####	######	0	108	9392	40	235	95.30	103
CONVELESCENT CTR. OF HI	183	15774	42	376	94.46	173	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	183	15774	42	376	94.46	173
HALE HO ALOHA	0	0	0	####	######	0	73	6219	9	691	93.36	68	0	0	0	####	######	0	0	0	0	####	######	0	73	6219	9	691	93.36	68
HALE MALAMALAMA	0	0	0	####	######	0	31	2757	4	689	97.46	30	0	0	0	####	######	0	0	0	0	####	######	0	31	2757	4	689	97.46	30
HALE NANI HEALTH CENTER	0	0	0	####	######	0	0	0	0	####	######	0	232	20583	42	490	97.23	226	0	0	0	####	######	0	232	20583	42	490	97.23	226
ISLAND NURSING HOME	42	3768	4	942	98.32	41	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	42	3768	4	942	98.32	41
KUAKINI MEDICAL CENTER	50	4457	30	149	97.69	49	100	8980	22	408	98.41	98	0	0	0	####	######	0	0	0	0	####	######	0	150	13437	52	258	98.17	147
LEAHI HOSPITAL	92	8406	11	764	100.13	92	38	3740	5	748	107.86	41	0	0	0	####	######	0	0	0	0	####	######	0	130	12146	16	759	102.39	133
MALUHIA HOSPITAL	0	0	0	####	######	0	0	0	0	####	######	0	158	13769	23	599	95.50	151	0	0	0	####	######	0	158	13769	23	599	95.50	151
MAUNALANI HOSPITAL -	101	8526	18	474	92.51	93	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	101	8526	18	474	92.51	93
NUUANU HALE	75	6495	10	650	94.90	71	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	75	6495	10	650	94.90	71
REHAB HOSP OF THE PACIFIC	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
SAINT FRANCIS HOSPITAL	52	4580	26	176	96.52	50	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	52	4580	26	176	96.52	50
HAWAII SELECT CARE	0	0.	0	####	######	0	0	0	0	####	######	0	92	5896	52	113	70.23	65	0	0	0	####	######	0	92	5896	52	113	70.23	65
SUBTOTAL	655	55667	158	352	93.14	610	242	21696	40	542	98.25	238	590	49640	157	316	92.20	544	0	0	0	####	######	0	1487	127003	355	358	93.60	1392
Suburban Honolulu																														
ANN PEARL CARE HOME	0	0	0	####	######	0	86	7703	7	1100	98.16	84	0	0	0	####	######	0	0	0	0	####	######	0	86	7703	7	1100	98.16	84
CASTLE MEDICAL CENTER	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
CRAWFORD'S CONVALEST HOME	0	0	0	####	######	0	68	5887	5	1177	94.88	65	0	0	0	####	######	0	0	0	0	####	######	0	68	5887	5	1177	94.88	65
KAHANAOLA CONVALEST HOSP	0	0	0	####	######	0	0	0	0	####	######	0	42	3331	13	256	86.91	37	0	0	0	####	######	0	42	3331	13	256	86.91	37
KAHUKU HOSPITAL	11	965	4	241	96.14	11	0	0	0	####	######	0	0	0	0	####	######	0	4	161	17	9	44.11	2	15	1126	21	54	82.26	12
LEEWARD NURSING HOME	0	0	0	####	######	0	50	4488	8	561	98.37	49	0	0	0	####	######	0	0	0	0	####	######	0	50	4488	8	561	98.37	49
WAHIAWA GENERAL HOSPITAL	0	0	0	####	######	0	0	0	0	####	######	0	93	8224	17	484	96.91	90	0	0	0	####	######	0	93	8224	17	484	96.91	90
KAHI MOHALA	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	#####	######	0
SUBTOTAL	11	965	4	241	96.14	11	204	18078	20	904	97.12	198	135	11555	30.	385	93.80	127	4	161	17	9	44.11	2	354	30759	71	433	95.22	337
Hawaii County																														
HILO HOSPITAL	36	2487	53	47	75.71	27	72	6467	13	497	98.43	71	0	0	0	####	######	0	0	0	0	####	######	0	108	8954	66	136	90.86	98
HONOKAA' HOSPITAL	8	648	1	648	88.77	7	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	8	648	1	648	88.77	7
KA'U HOSPITAL	8	635	6	106	86.99	7	0	0	0	####	######	0	0	0	0	####	######	0	0	0	0	####	######	0	8	635	6	106	86.99	7
KOHALA HOSPITAL	2	22	3	7	12.05	0	16	1251	7	179	85.68	14	0	0	0	####	######	0	0	0	0	####	######	0	18	1273	10	127	77.50	14
KONA HOSPITAL	0	0	0	####	######	0	0	0	0	####	######	0	22	1198	9	133	59.68	13	0	0	0	####	######	0	22	1198	9	133	59.68	13
LIFE CARE CENTER OF HI	0	0	0	####	######	0	240	21555	20	1078	98.42	236	0	0	0	####	######	0	0	0	0	####	######	0	240	21555	20	1078	98.42	236
SUBTOTAL	54	3792	63	60	76.96	42	328	29273	40	732	97.80	321	22	1198	9	133	59.68	13	0	0	0	####	######	0	404	34268	112	306	92.94	375
Maui																														
KULA HOSPITAL	0	0	0	####	######	0	0	0	0	####	######	0	94	522	46	11	6.09	6	0	0	0	####	######	0	94	522	46	11	6.09	6
HALE MAKUA	120	10564	38	278	96.47	116	124	10996	16	687	97.18	121	0	0	0	####	######	0	0	0	0	####	######	0	244	21560	54	399	96.83	236
SUBTOTAL	120	10564	38	278	96.47	116	124	10996	16	687	97.18	121	94	522	46	11	6.09	6	0	0	0	####	######	0	338	22082	100	221	71.60	242

R202 STATE HEALTH PLANNING AND DEVELOPMENT AGENCY 04/20/87 Page 2

Skilled Nursing/Intermediate Care Facilities Utilization Summary
For Fiscal Year 1984

	SKILLED NURSING						INTERMEDIATE CARE						SNF/ICF						ACUTE/SNF SWING						TOTAL					
	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC	BEDS	I/P DAYS	ADMIS SIONS	ALOS	OCCUP %	ADC
Lanai																														
LANAI COMMUNITY HOSPITAL	0	0	0	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0	0.00	0	0	0	0	0	0.00	0
SUBTOTAL	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	*****	******	0
Molokai																														
MOLOKAI GENERAL HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	14	1100	20	55	86.11	12	0	0	0	****	******	0	14	1100	20	55	86.11	12
SUBTOTAL	0	0	0	****	******	0	0	0	0	****	******	0	14	1100	20	55	86.11	12	0	0	0	****	******	0	14	1100	20	55	86.11	12
Kauai																														
KAUAI VETS MEMORIAL HOSP	6	513	4	128	93.70	6	0	0	0	****	******	0	0	0	0	****	******	0	0	0	0	****	******	0	6	513	4	128	93.70	6
SAMUEL MAHELONA HOSPITAL	0	0	0	****	******	0	0	0	0	****	******	0	61	5319	7	760	95.56	58	0	0	0	****	******	0	61	5319	7	760	95.56	58
WILCOX MEM. HOSP. & HTH C	0	0	0	****	******	0	0	0	0	****	******	0	80	6869	48	143	94.10	75	0	0	0	****	******	0	80	6869	48	143	94.10	75
SUBTOTAL	6	513	4	128	93.70	6	0	0	0	****	******	0	141	12188	55	222	94.73	134	0	0	0	****	******	0	147	12701	59	215	94.69	139
OAHU	655	55667	158	352	93.14	610	242	21696	40	542	98.25	280	590	49640	137	316	92.20	544	0	0	0	****	******	0	1487	127003	335	358	93.60	1392
NEIGHBOR ISLANDS	191	15834	109	145	90.85	174	656	58347	76	768	97.47	639	486	26563	160	166	71.70	291	4	161	17	9	44.11	2	1257	100905	362	279	87.97	1106
TOTAL	846	71501	267	268	92.62	784	898	80043	116	690	97.68	877	996	76203	317	240	83.85	835	4	161	17	9	44.11	2	2744	227908	717	318	91.02	2498

******* ASTERISKS IN REPORT INDICATES FIELD OVERFLOW
Source:

Healthcare Association of Hawaii
932 WARD AVENUE, SUITE 430 • HONOLULU, HAWAII 96814
TELEPHONE (808) 521-8961

President
Stanley B. Snodgrass

April 6, 1987

The Honorable Alan Cranston
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, D.C. 20510-6375

Dear Senator Cranston:

We greatly appreciate the opportunity to appear and testify before your committee on Veterans' Affairs.

The Healthcare Association of Hawaii represents all of the acute care beds in the State as well as about 75% of the long term care beds on all of the islands.

We are highly sensitive to the numbers of veterans and especially to the number of retired military personnel. We recognize that there are probably an inordinate percentage of the population in Hawaii that fits one of these categories. We are certain you will receive specific data in these areas from other participants so we will restrict our comments to the areas of inpatient health care services for veterans and retired military personnel.

We know of no overwhelming demand for additional acute care beds in the State of Hawaii occasioned by the presence of veterans or retired military personnel. So far as we know, the bed capacity here is sufficient to meet the demands. We would grant that, as time passes, the potential number of retired and/or veterans patients for long term care institutions will increase.

We would welcome the opportunity to work with the Veterans Administration and/or Department of Defense in analyzing demand, services and timelines. In this fashion, the needs of veterans and retired military personnel may be met in a coordinated, cost-sensitive fashion.

If you have any questions, I would be happy to respond.

Respectfully submitted,

Stanley B. Snodgrass
STANLEY B. SNODGRASS
President/CEO

SBS/lth

cc: The Honorable Spark M. Matsunaga, United States Senator

STATEMENT BY

LIEUTENANT GENERAL QUINN H. BECKER

THE SURGEON GENERAL
DEPARTMENT OF THE ARMY

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U. S. SENATE

FIRST SESSION, 100TH CONGRESS

FIELD HEARING ON VA SERVICES IN HAWAII
14 APRIL 1987

Mr. Chairman and Members of the Committee:

I am Lieutenant General Quinn H. Becker, The Surgeon General of the Army. It is an honor to have this opportunity to appear before your committee to discuss the Army Medical Department (AMEDD), our relationship with the Veterans' Administration, and the AMEDD role in supporting the VA health care delivery system here in Hawaii.

The AMEDD is responsible for a multifaceted mission which encompasses maintaining a physically and mentally fit military force; preparing itself with equipped and trained health resources for combat and contingency operations; insuring a quality peacetime health care delivery system for all authorized beneficiaries; and conducting extensive research to protect the lives of soldiers who are deployed world-wide. The AMEDD system supports each of these missions in its day to day operations.

Medical readiness is our number one priority. Significant personnel and fiscal resources have been devoted to improving our medical readiness posture in recent years. This effort is continuing. With the enactment of Public Law 97-174, the Health Resources and Sharing Act, Congress identified the VA as the primary backup to the military health care system in the event of a war or a national emergency. Implementation of this law has resulted in establishment of contingency plans between DoD and the VA to maximize available VA health resources. Plans include utilization of VA medical centers, outpatient clinics, communication systems, education and other resources.

The design of the contingency system which links VA and DoD resources focuses on establishing VA primary receiving centers, secondary support centers, and base support plans. Primary receiving centers will provide treatment for theater evacuees requiring immediate care on return to CONUS. Additional beds will be available at secondary support facilities to accommodate patient transfers from primary centers. VA facilities located within fifty miles of military installations will be utilized to furnish base medical service support during mobilization. Current estimates indicate availability of up to 20,000 beds for evacuees within the initial mobilization period.

In addition, this legislation promotes the delivery of peacetime health care. It permits the opportunity to share health resources and thereby utilize excess capacity in either VA or DoD facilities . These agreements benefit both veterans and DoD beneficiaries by improving accessibility and availability of care while reducing the cost of medical care to the government. Since passage of this law, the Army Medical Department and the VA have successfully negotiated over fifty sharing agreements covering all aspects of hospital services. Examples of services currently shared include inpatient and outpatient care as well as neurosurgery, open heart surgery, specialty consultations and procedures, procurement of medical supplies and equipment, dental services, and CT scans and other radiology services.

As noted by the Congress, the AMEDD and the VA are engaged in preliminary discussions regarding the expansion of William Beaumont Army Medical Center to increase inpatient capacity in conjunction with an economic analysis of the health care requirements of veterans in the El Paso, Texas service area. The objective of this analysis is to identify potential sharing arrangements between the Army and the El Paso VA Outpatient Clinic that will permit implementation of a Joint Venture agreement to maximize use of these federal health facilities.

I highlight these VA and DoD cooperative ventures to demonstrate our willingness to pursue these mutually beneficial agreements to expand service availability while promoting cost containment.

As you are aware, the Army is currently involved in a major renovation project to modernize Tripler Army Medical Center. On completion of this project, the facility known as the "E-Wing" will be excess to Tripler's needs. It remains the intention of the Department of the Army to make this facility available to the VA for conversion to an extended care facility for their use. Tripler will continue to provide acute care beds and services in the renovated facility.

The estimated availability date of the "E-Wing" for the VA is January 1990. Of course, design and construction of such a long-term care facility is a VA responsibility. Ancillary and other support services required for the operation of the long-term care facility would be provided by Tripler based on a negotiated sharing agreement. It is the Department of the Army view that such an arrangement to meet veterans' extended care needs in Hawaii as well as other enhancements to existing agreements for acute care services provided by Tripler Army Medical Center would be mutually beneficial and cost effective for both the VA and the Army.

In conclusion, the Army Medical Department remains committed to working with the VA to assist them in accommodating the health care needs of veterans as well as promoting cost effective, accessible health care for DoD beneficiaries in Hawaii and elsewhere throughout the country. The progress we have made and are continuing to make is laudable. The future will require flexibility, ingenuity and determination to continue to improve the quality and availability of health care. In an era of evolution for all the medical community, flexibility is the key. In an era of budget and personnel constraints, ingenuity is a must. In an era of scrutiny and reorganization, determination is a requirement. I believe the Army Medical Department to be a superior health care organization - one that the Army and the nation can be proud of. We are personally committed to working with the Congress to see that our mutual goals are attained.

Mr. Chairman, that concludes my prepared statement. I will be happy to answer any of your questions.

STATEMENT BY

MAJOR GENERAL JOHN E. MAJOR

COMMANDER
TRIPLER ARMY MEDICAL CENTER
DEPARTMENT OF THE ARMY

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U. S. SENATE

FIRST SESSION, 100TH CONGRESS

FIELD HEARING ON VA SERVICES IN HAWAII

14 APRIL 1987

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I AM MAJOR GENERAL JOHN E. MAJOR, COMMANDER, TRIPLER ARMY MEDICAL CENTER, HONOLULU, HAWAII. I AM PLEASED TO BE WITH YOU TODAY TO DISCUSS TRIPLER'S ROLE IN THE VETERANS ADMINISTRATION HEALTH CARE PROGRAM IN HAWAII.

ON JULY 1, 1933, ONE AND ONE-HALF YEARS AFTER THE FORMATION OF THE VETERANS ADMINISTRATION, TRIPLER HOSPITAL ALLOCATED 20 BEDS FOR THE CARE OF VETERANS. OUR COMMITMENT HAS SINCE BEEN INCREASED TO 65 BEDS. THE DEPARTMENT OF THE ARMY IS REIMBURSED BY THE VETERANS ADMINISTRATION BY A FIXED FEE FOR EACH DAY A VETERAN IS TREATED REGARDLESS OF THE COST OF THE TREATMENT ITSELF.

IN FISCAL YEAR 1986, TRIPLER PROVIDED VETERANS 13,140 INPATIENT BED DAYS AND 18,615 CLINIC VISITS. THIS WAS MORE THAN 4% OF TRIPLER'S TOTAL PATIENT LOAD AND 8% OF THE BEDS OCCUPIED.

THE MEMORANDUM OF UNDERSTANDING BETWEEN THE VETERANS ADMINISTRATION AND TRIPLER STATES THAT A FIXED NUMBER OF BEDS (65) WILL BE PROVIDED FOR USE BY THE VETERANS. TRIPLER CANNOT FILL THIS REQUIREMENT CONSISTENTLY AND TO THE LETTER. THERE ARE THREE REASONS FOR THIS FAILURE.

FIRST, TRIPLER IS REQUIRED BY ARMY REGULATION TO PROVIDE CARE FOR MEMBERS OF THE UNIFORMED SERVICES, ELIGIBLE RESERVE COMPONENTS, DEPENDENTS OF ACTIVE DUTY MEMBERS, RETIRED MILITARY PERSONNEL AND THEIR DEPENDENTS BEFORE WE OFFER SERVICES TO VETERANS.

SECOND, MANY FACTORS, BEYOND THE CONTROL OF TRIPLER, AFFECT OUR FUNDING AND STAFFING. THIS IS UNPREDICTABLE FROM YEAR TO YEAR AND OFTEN CHANGES WITHIN THE FISCAL YEAR. THE AMOUNT OF CARE AVAILABLE FROM OUR MILITARY HOSPITALS IS DEPENDENT ON RESOURCE AVAILABILITY.

THIRD, THE REIMBURSEMENT, TO DEPARTMENT OF THE ARMY BY THE VETERANS ADMINISTRATION AT A FIXED RATE WITH DISBURSAL TO TRIPLER ACCORDING TO LAST YEAR'S OVERALL WORKLOAD, MAKES IT DIFFICULT FOR TRIPLER TO MANAGE THESE FUNDS SO THAT AN INDIVIDUAL VETERAN DIRECTLY BENEFITS FROM VETERANS ADMINISTRATION REIMBURSEMENT.

I DO NOT WANT TO IMPLY THAT THE SHARING AGREEMENTS BETWEEN THE VETERANS ADMINISTRATION AND TRIPLER ARE NOT BENEFICIAL TO BOTH PARTIES. BOTH TRIPLER AND THE VETERANS ADMINISTRATION BENEFIT FROM THE ARRANGEMENT, BUT TRIPLER CANNOT PROVIDE OUR VETERANS COMPLETE CARE IN ALL SPECIALTIES AT ALL TIMES. MISUNDERSTANDING OF OUR LIMITATIONS HAS LED TO THE MISCONCEPTION THAT TRIPLER DOES NOT CARE FOR VETERANS AND THAT WE REGARD VETERANS AS SECOND CLASS CITIZENS. THIS IS NOT TRUE.

IN OTHER STATES, RECENT INITIATIVES HAVE SUCCESSFULLY REDUCED THE INCIDENCE OF EXPENSIVE AND NEEDLESS DUPLICATION OF HEALTH CARE FACILITIES IN THE FEDERAL SECTOR. THIS HAS NEVER BEEN A PROBLEM IN HAWAII BECAUSE TRIPLER IS THE ONLY FEDERAL HEALTH CARE FACILITY IN THE STATE. THE PROBLEM IN HAWAII IS NOT DUPLICATION, BUT ACCESSIBILITY TO CARE. CREATION OF ANOTHER FEDERAL HEALTH CARE FACILITY IN HAWAII COULD BE THE START OF THE DUPLICATION THAT HAS OCCURRED IN OTHER STATES.

I AM NOT CERTAIN THAT TRIPLER CAN EVER PROVIDE ALL OF THE CARE THAT OUR VETERANS DESERVE. I DO BELIEVE THAT IMMEDIATE RENEGOTIATION OF OUR MEMORANDUM OF UNDERSTANDING CAN IMPROVE THE QUANTITY OF CARE TO OUR VETERANS IF TRIPLER IS ALLOWED TO APPLY FUNDS RECEIVED FROM THE VETERANS ADMINISTRATION TO THE SPECIFIC NEEDS OF OUR VETERANS. WE CANNOT DO THIS WITH EXISTING AGREEMENTS.

I THINK THAT TRIPLER CAN PROVIDE QUALITY CARE MORE ECONOMICALLY THAN THE CIVILIAN SECTOR. IF WE CAN NEGOTIATE ARRANGEMENTS THAT WILL PROVIDE ENOUGH STAFF TO USE OUR EMPTY BEDS, WE CAN PROVIDE MORE CARE TO OUR VETERANS. WITH SUCH AN ARRANGEMENT, THE CIVILIAN SECTOR WILL BE RELIED ON ONLY TO SUPPLEMENT SERVICES NOT AVAILABLE AT TRIPLER. IF TRIPLER WERE ALLOWED TO USE VETERANS ADMINISTRATION FUNDS TO MAKE FULL USE OF OUR FACILITY, I THINK THAT WE COULD PROVIDE MOST OF THE CARE OUR VETERANS NEED.

THERE IS A SECOND CONSIDERATION IN OUR RELATIONSHIP WITH THE VETERANS OF HAWAII. WE ARE IN THE MIDST OF A MAJOR AND EXPENSIVE CONSTRUCTION-RENOVATION PROJECT THAT WILL COST MORE THAN $200 MILLION. THE CONSTRUCTION PROJECT IS SCHEDULED FOR COMPLETION IN FISCAL YEAR 1989. AT THAT TIME, E-WING WILL BE SURPLUS TO TRIPLER'S NEEDS AND HAS BEEN OFFERED TO THE VETERANS ADMINISTRATION FOR THEIR USE AS A MEDICAL FACILITY. WE ESTIMATE A TURNOVER DATE OF JANUARY 1, 1990. ON A REIMBURSABLE BASIS, TRIPLER WILL PROVIDE ALL REQUIRED ANCILLARY SUPPORT TO OPERATE THIS FACILITY SHOULD THE VETERANS ADMINISTRATION DECIDE TO EXERCISE THIS OPTION. ALSO, TRIPLER'S MEDICAL STAFF WOULD BE AVAILABLE TO PROVIDE SPECIALIZED MEDICAL CARE FOR THESE PATIENT WHEN REQUIRED.

IN THE POST-RENOVATION PERIOD, THE VETERANS ADMINISTRATION, CO-LOCATED WITH TRIPLER, COULD PROVIDE FOR THE LONG-TERM CARE NEEDED BY HAWAII'S VETERANS WHILE TRIPLER PROVIDES MOST OF THE ACUTE CARE. IF THE DECISION IS TO PURSUE THIS COURSE OF ACTION, I PLEDGE MY SUPPORT TO MAKE IT A SUCCESS.

I BELIEVE THAT RE-NEGOTIATION OF OUR EXISTING AGREEMENTS WITH PROVISION OF THE FLEXIBILITY NEEDED TO MEET THE SPECIFIC NEEDS OF OUR VETERANS IS THE BEST COURSE FOR ALL.

IF THIS COMMITTEE DETERMINES THAT MORE EFFICIENT, MORE ACCESSIBLE OR MORE ECONOMICAL CARE IS AVAILABLE TO OUR VETERANS IN ANOTHER SECTOR, THE TRIPLER STAFF STANDS READY TO ASSIST IN THIS TRANSITION FROM OUR

HISTORIC ROLE IN HAWAII. IN THE MEANTIME, WE ARE PROUD TO CONTINUE TO PROVIDE QUALITY HEALTH CARE TO ALL OF THE MEMBERS OF ALL OF OUR ARMED FORCES, ACTIVE DUTY MILITARY, RETIRED MILITARY, THEIR FAMILIES, AND TO THE VETERANS OF OUR WARS.

I THANK THIS COMMITTEE ON VETERANS' AFFAIRS FOR THE OPPORTUNITY TO PROVIDE THIS TESTIMONY. WE AT TRIPLER WILL ENTHUSIASTICALLY SUPPORT ANY DECISIONS MADE BY THE CONGRESS.

MR. CHAIRMAN, THAT CONCLUDES MY PREPARED STATEMENT. I WILL BE HAPPY TO ANSWER ANY OF YOUR QUESTIONS.

STATEMENT OF
JOHN A. GRONVALL, M.D.
CHIEF MEDICAL DIRECTOR
DEPARTMENT OF MEDICINE AND SURGERY
VETERANS ADMINISTRATION
BEFORE THE
SENATE VETERANS AFFAIRS COMMITTEE
AT THE FIELD HEARING ON VA SERVICES IN HAWAII
APRIL 14, 1987

Mr. Chairman and Members of the Committee:

I am pleased to be here with you today to discuss the VA's health care programs, including services, opportunities and future plans for serving veterans in the State of Hawaii and the Pacific Basin.

Carrying out the VA mission in such a unique setting as the Hawaiian Islands and Pacific Basin presents a number of unusual challenges.

Hawaii's dispersed population, much of which is located on islands of considerable distance from the major VA source of health care in Honolulu, presents a number of problems for the delivery of health care to veterans in the outer islands. Honolulu's actual catchment area includes the entire Pacific Basin, an area much larger even than the vast reaches of Alaska.

There are over 100,000 veterans living in the Hawaiian Islands, with an estimated additional 10,000 living on other island groups of the Pacific Basin. In my testimony today, I will be focusing on the VA's services and plans in the Hawaiian Islands. Within the islands, just as there are geographical differences, with varying degrees of remoteness and rural-urban distinctions, there are also ethnic diversities. These factors result in different utilization patterns, expectations and requirements than are found in other areas.

The main island of Oahu has the majority of Hawaii's veteran population, with 78 percent of the total, followed by the most distant island of Hawaii with 10 percent, Maui with 7 percent, and Kauai with 4 percent. The veteran population is slightly younger than veterans nationwide. Approximately 88,000 or 87 percent are below 65 years of age, with only 13 percent in the older age group. Forty percent of Hawaiian veterans are under 44 years of age, compared to the national average, which is 35 percent. The younger Hawaiian veterans require a somewhat different balance of programs than do their counterparts in the contiguous states.

The Hawaiian veteran population also varies in regard to the proportion of females. In 1985, there were an estimated 5,200 female veterans living in Hawaii, representing 5 percent of the total veteran population. In the other States, only 4 percent of veterans are female.

Although the current veteran population in Hawaii is younger than the general veteran population, the impact of veteran population growth in the older groups during 1990 to 2000 will be significant, as it will be nationwide. While veterans over the age of 65 comprised 13 percent of the 1985 population in Hawaii, they are projected to represent 37 percent of the veteran population by the year 2000.

The most recent projections tell us that the Hawaiian veteran population is expected to decline only slightly, and at a much slower rate than the national average, primarily because of higher than average in-migration rates.

Current VA Health Care Services

The VA presence in Hawaii currently consists of a full service outpatient clinic in Honolulu. As you know, Hawaii does not have a VA Medical Center, and the Tripler Army Medical Center in Honolulu serves as the primary hospital for veterans in Hawaii, as well as other islands in the Pacific Basin. The VA purchases more than half of all inpatient medical, surgical, and psychiatric care for VA patients from Tripler Army Medical Center. Other needed care has been provided through contract hospitalization and fee-basis care arrangements under special contract authority. Thus, when care cannot be provided in Government facilities, veterans without service-connected disabilities who generally could not be furnished private hospital care at VA expense in the contiguous forty-eight states may be furnished such care in Hawaii. This special eligibility and the parallel authority—when government facilities are not available or cannot provide care economically—to contract for outpatient care for any veterans to obviate a need for hospitalization help address the needs of veterans living on the neighboring islands.

Outpatient care is provided to veterans in Hawaii at the VA Outpatient clinic in Honolulu or, subject to the statutory limits in 38 USC, Section 603, by the private sector on a fee for service basis in or near the veterans' home communities. In addition, state and local government and community hospitals are used for VA patients for emergency short-term care, or when beds are unavailable at Tripler. Nursing home care, likewise, is provided to veterans eligible under 38 USC, Section 620, by use of community health care facilities. The average inpatient census in FY 1986 was 57, including 36 at Tripler and 21 in other hospitals. The average daily census for nursing home care was 13.

In FY 1986, the VA spent nearly $3 million for VA outpatient care for approximately 8,000 individuals in the Honolulu Clinic. Additionally, $1.3 million was paid for outpatient care provided on a fee basis. The cost of inpatient care amounted to $10 million. An additional $300,000 was spent for fee dialysis and contract community-based care for alcohol and drug dependence problems. Thus, $14 million was spent for medical care to veterans in Hawaii.

The VA outpatient clinic in Honolulu, in addition to the usual clinic workload of 57,600 staff outpatient visits during FY 1986, and overseeing the extensive VA contractual and fee-basis care programs, has extended its health care services to the neighboring islands. For instance, several mental health practitioners recently have made regular visits to Maui in an effort to expedite access to the VA medical system and to increase communication with Maui veterans. Staff visits are also made to other neighboring islands as special health care situations are identified.

The clinic also has an active clinical research program which is a valuable indicator of the quality of its health care. Projects are being conducted both independently, and in collaboration with the University and other organizations. Some current research and development topics include computer vision for the blind, geriatric alcoholism, sleep disorders of the elderly, post traumatic stress disorders (PTSD), Alzheimer's Disease, and psychomotor functioning of schizophrenics. As of this March, fiscal year 1987 research and development funding allocated to the Honolulu Clinic was $38,000 for medical research, and $31,000 for rehabilitation research and development. This does not include joint project funding from other sources.

The VA's close affiliation with the University of Hawaii is another important aspect of maintaining the quality of health care that our veterans can expect to receive. In FY 1986, the VA provided $179,000 to support the education and training of students and residents. Both the University and the VA have expressed considerable interest in expanding this affiliation, in view of the many clinical, educational and research advantages that could be realized.

Additional plans have been proposed through the Medical District Initiated Program Planning (MEDIPP) process to regularly provide an appropriate mix of services to the outer islands. These plans are being evaluated by a special study group which was set up to conduct an assessment of demand for services at these remote island locations in response to the request made in the text of the Senate Appropriations Committee Report which accompanied P.L. 99-500. The study group will summarize their findings by September 1987, and a report will be transmitted to Congress by the end of the year.

Beneficiary Travel

An important part of assessing the health care delivery needs in the Hawaiian Islands is related to the availability of adequate transportation services.

Because of the costliness of travel from the outer islands to Honolulu, funds for beneficiary travel have been valuable in assuring access to health care to veterans in these distant areas who were eligible for that benefit. Eligible veterans have been traveling by commercial plane, as necessary, for pre-bed, post-hospital care and to obviate the need for hospitalization. The emergency ambulance service is also used as needed. Air travel is authorized in advance, and a decision is made by the Honolulu Clinic Director whether to obtain care under contract arrangements on the outer islands, or to bring a veteran to the main island.

The VA recently published final regulations governing the Department's beneficiary travel program. The regulations' net effect is to impose a small deductible on reimbursements for long-distance travel by our patients, and to eliminate VA reimbursements for all local travel, up to a mileage distance of 100 miles. The regulations also continue to provide benefits for veterans who must travel in emergencies, require special modes of transportation, or for whom the purpose of travel is for compensation or pension examinations. The final regulations became effective yesterday, April 13.

Although we did revise the proposed regulations on beneficiary travel based on the public comment process, I have only recently been made aware that these final regulations may have an unintended effect upon some Hawaiian and Pacific Basin veterans' access to VA care and services in

Honolulu, specifically those who must incur costly travel from the outer islands without reimbursement because of the 100-mile "local travel" rule. I have asked my staff to explore this matter further.

Vet Center Outreach Program

The Honolulu Vet Center program is another service which has been functioning since 1980 to address the special counseling needs of Vietnam-era veterans in Hawaii.

Since its inception, five to seven Vet Center staff have seen over 3,000 veterans, and delivered over 22,000 visits to veterans and their families. The Vet Center team has worked diligently to develop both aspects of their professional mission: to establish a broad base of community outreach activities, and to initiate an intensive counseling program.

The diversity of ethnic and cultural orientation among the clients has required skill and flexibility on the part of this team to develop an effective community outreach.

The clinical mission for helping veterans and their families to resolve post-war readjustment problems has been addressed through a wide range of individual, group, and family psychotherapy activities addressing such readjustment problems as PTSD and related psychological problems, substance abuse, employment, marital and family relationship problems, and needs for other VA services.

The team has developed a very functional liaison with Tripler Army Medical Center mental health services, and has generated extensive reciprocal referral activity, hospital ward consultations by Vet Center staff, and the inception of a regular training modality in PTSD treatment for psychiatric residents.

In addition to its own service delivery program, the Vet Center administers four separate contract programs which serve veterans on the neighboring islands of Hawaii, Maui, and Kauai. Through an annual budget of over $130,000 in fiscal year 1986, the program utilized the services of eleven contract providers to counsel 108 veteran clients (63 new clients) for a total of over 1800 professional visits. During fiscal year 1987 the contracts budget has been increased to over $150,000. To date in this fiscal year, contract providers have initiated treatment for 25 new veterans, treated a total of 87 veterans, and delivered 877 professional visits.

Although the main focus of Vet Center operations has been on service to the veterans of Honolulu City and County which involves 30,000 or 80% of the State's Vietnam era veteran population, we are considering a plan to provide additional readjustment counseling services to the neighboring islands. This will be achieved by outstationing a counselor, regular visits from the Honolulu Vet Center, or a combination of both. Our objective is to assure an optimal balance of accessibility and effectiveness on all the islands, in the deployment of our counseling resources. This initiative will be closely integrated with other VA initiatives as neighboring islands' medical needs are considered for the future.

Re-Assessment, Evaluation, and Future Plans

Although the VA has on the whole been carrying out its mission effectively, the mission of providing cost effective, quality health care under the unique and complicated circumstances in the Hawaiian Islands requires that we periodically re-assess our health care delivery efforts.

As a part of this re-assessment, during July of 1986 the Department of Medicine and Surgery's Western Region and Medical District #26 conducted an updated bed needs assessment for hospital and nursing home care in Hawaii. The results of this study indicated that an inpatient capability with a combination of acute and extended care beds could be justified by the VA in Hawaii. Based on current projecti for the 1990 to 2000 planning horizon, the study concluded that the VA could expect to see workload levels for 35 to 45 acute medicine beds; 20 to 30 acute surgery beds; 25 to 35 total (acute and extended) psychiatry beds; 40 to 60 VA nursing home care beds; and 20 to 40 contract nursing home care beds.

A number of options were suggested for providing these needed inpatient services.

These included the following:

(1) to continue the plan to renovate the E-Wing at Tripler Army Medical Center (for the long term) using a VA/DOD Sharing Arrangement for inpatient services;

(2) to provide short-term supplemental staffing at Tripler to meet needs of VA beneficiaries which DoD itself cannot provide; and

(3) to lease or contract for all or part of inpatient hospital services from one or more community facilities instead of Tripler (either on a short-term or long-term basis).

I would like to discuss these options in terms of the process of re-assessment and planning for the future of veteran health care in Hawaii.

For some time now the VA has been planning an arrangement with the Department of Defense and the U.S. Army to renovate the E-Wing of the Tripler Army Medical Center to better meet the health care needs of veterans in Hawaii. A plan to develop and staff 60 VA nursing home care and 70 psychiatry beds through renovation of E-Wing at Tripler was approved in March 1981 by the VA's Chief Medical Director at the time. Since then the project has suffered many delays and E-Wing is not estimated to be available to the VA for renovation until at least January 1990. Construction would then take several more years.

During this time of delay, the VA has revised the plan for both the number and type of bed requirements, and costs to complete the renovation have been estimated to be in the amount of $35 million. The high cost of renovation has prompted a recommendation by the VA Inspector General to cancel the project. This recommendation has led us to the conclusion that we should take a close look at the proposed project, and to compare its feasibility and cost with other options.

The current Commanding Officer at Tripler has stated, as did his predecessor, that the VA and Tripler need each other and that a long-term relationship is both desirable and beneficial. The VA would also like to continue the relationship if it proves to be feasible and in the best interest of both the VA and Tripler Army Medical Center. The second option, to provide supplemental staffing to Tripler in areas where specialty services are crucially needed but not available at the present time, could be arranged through a VA/DoD sharing agreement. This option has the potential for enhancing the VA/DoD relationship both on a short-term as well as a long-term basis.

A third option is to contract or lease space for hospital services, from one or more community facilities. This option could provide a short term solution (e.g., until such time as the Tripler E-Wing renovation were completed) or a more permanent, long-term solution.

The relative advantages and disadvantages of all the options, in terms of affiliation, cost, physical plant and relationships with the Defense Department will need to be weighed carefully.

In addition to these developed options, recent suggestions have been made that the VA consider constructing a new VA Medical Center on Oahu to enable the Veterans Administration to take direct control of the patient care situation in the Islands. Although we have not fully explored the idea of eventually building a separate VA medical center there, given current facts, we are concerned about the viability of such an approach.

All options will be considered carefully as we choose the best means of providing hospital and other forms of care to veterans in Hawaii. Quality of care issues will need to be weighed, along with cost-effectiveness considerations.

In addition to a re-assessment and evaluation of inpatient services for veterans in Hawaii, attention must also be given to ways of improving access to care for veterans in the outer islands. As I noted earlier, a special working group will be making recommendations regarding medical care needs in these remote locations.

Hawaii Veterans Health Care Task Force

I am aware that there are a number of viewpoints concerning options for Hawaiian veterans' health care in the veteran constituency, the academic community and the Department of Defense. Accordingly, I am appointing a special Hawaii Veterans Health Care Task Force to review the evolution to date of VA programs in Hawaii, the current status of these services, the future needs of Hawaiian veterans, and the potential resources and opportunities for providing the best possible care to them.

Specifically, the Task Force will be asked to:

- Examine differences in utilization rates between veterans in Hawaii and those in the continental U.S. to determine how the availability of VA services affects those rates, with special attention to the requirements of Title 38, dealing with contract care in the contiguous states.

- Assess the variety, the adequacy and distribution of community health care facilities on the various islands, as an adjunct to present and future VA services.
- Review data concerning demographic trends and future needs of Hawaiian veterans.
- Analyze the status of VA and DoD short and long range plans to improve access to services at TRIPLER Army Medical Center as well as the options that have been proposed.
- Consider how best to orchestrate an optional array of VA facility based services, outreach programs, and services purchased by contract or fee from DOD and the community.

I will ask the task force to consult with representatives of the key groups concerned about the future of VA health care in Hawaii, and to coordinate their efforts with the working group now assessing needs in the outer islands. I will ask for the Task Force's report within 90 days of its establishment. I plan to make decisions on their recommendations in time to propose pertinent initiatives for consideration during the development of the next budget, should such initiatives be required.

I am confident that the work of this group will provide a comprehensive and coherent articulation of the issues and problems affecting veterans health care in Hawaii, the options available to the VA in both hospital and outpatient care, and valuable assistance in weighing those options.

Conclusion

In conclusion, Mr. Chairman, I have attempted to confirm with my testimony, the current status, issues and challenges confronting the VA in the care and treatment of veterans who live in the State of Hawaii. I intend to assess the issues and meet the challenges by establishing a specific VA plan of action. This activity requires time, attention, and coordination among several interested parties in Government, the academic and medical communities, and the private sector. We will work with diligence toward appropriate, yet practical, solutions—in Hawaii, as we do throughout the United States.

Mr. Chairman, this concludes my formal statement. We would be pleased to answer questions which you, other Committee members, or the Committee staff may wish to offer. Thank you.

VETERANS ADMINISTRATION
REGIONAL OFFICE
HONOLULU, HAWAII

EMPLOYEE TRAVEL TO NEIGHBOR ISLANDS, GUAM, AND AMERICAN SAMOA

FISCAL YEAR 1985 - DM&S

Traveler	Destination	Travel Date	Cost	Days
Flynn, Rory, Vets Ctr	Kauai/Hawaii	9-25-85	$ 217.00	2
Hall, Harold, Vets Ctr	Molokai/Maui/Kauai/ Hawaii	9-24-85	462.00	3
Wand, Robin (122)	Kauai	9-19-85	276.00	2
Apaka, Tsuneko (122)	Hawaii	9-18-85	291.00	3
Hall, Harold, Vets Ctr	Kauai	7-29-85	294.00	2¼
Cohen, Gary, M.D. "	Guam	7-08-85	1,285.00	6
Molnar, Steve, Vets Ctr	Hawaii	6-13-85	153.00	1
Vandervort,WJ,M.D.	Hawaii	7-22-85	427.00	4
Apaka, Tsuneko (122)	Maui	5-30-85	242.00	2
Vandervort,W.M.,M.D.	Am.Samoa	7-01-85	832.00	5
"	Kauai	5-06-85	268.00	2
Funasaki, Gary (122)	Kauai	3-28-85	244.00	2
Heavey, Mary (90)	Hawaii	3-14-85	194.00	2
Flynn, Rory, Vets Ctr	Hawaii	3-14-85	194.00	2
Hall, Harold, Vets Ctr	Hawaii	3-14-85	194.00	2
Molnar, Steve, Vets Ctr	Hawaii	3-14-85	244.00	2
Apaka, Tsuneko (122)	Hawaii	3-04-85	304.00	3
Vandervort,WJ,M.D.	Guam	2-22-85	1,009.00	5
Hall, Harold, Vets Ctr	Maui	11-27-84	246.00	2
Chemtob, Claude,Ph.D.	Maui	11-26-84	236.00	2
"	Maui	11-23-84	118.00	1
"	Maui	11-20-84	103.00	1
"	Maui	11-14-84	97.00	1
Neller, Gary, M.D.(TAMC)	Maui	11-07-84	87.00	1
Cohen, Gary, M.D.	Maui	11-07-84	87.00	1
Chemtob, Claude, Ph.D.	Maui	11-07-84	102.00	1
Apaka, Tsuneko (122)	Maui	11-27-84	220.00	2
Sautner, Bill, Vets Ctr	Maui	11-28-84	103.00	1
			$8,529.00	63¼

FISCAL YEAR 1986 - DM&S

Traveler	Destination	Travel Date	Cost	Days
Brown, Robert, Vets Ctr	Hono/Hilo, HI	9-25-86	$ 89.00	1
Torigoe, Rodney, Ph.D.	Maui	9-26-86	105.00	1
"	Maui	8-22-86	105.00	1
"	Maui	8-08-86	105.00	1
Sautner, Bill, Vets Ctr	Maui	8-01-86	43.90	1
Molnar, Steve, Vets Ctr	Maui	8-01-86	43.90	1
Torigoe, Rodney, Ph.D.	Maui	8-01-86	150.00	1
Steele, John, M.D.	Guam/Saipan	2-14-86	84.00	1
Lynch, Frank (121)	Hilo, HI	6-29-86	380.00	2
Apaka, Tsuneko (122)	Maui	6-19-86	242.00	2

EMPLOYEE TRAVEL TO NEIGHBOR ISLANDS, GUAM, AND AMERICAN SAMOA

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FISCAL YEAR 1986 - DM&S (Continued)

Traveler	Destination	Travel Date	Cost	Days
Vandervort,WJ, M.D.	Hawaii	8-04-86	450.00	4
"	Kauai	7-13-86	400.00	3
"	Am. Samoa	5-18-86	950.00	5
Apaka, Tsuneko (122)	Hawaii	3-24-86	240.00	2
Hall, Harold, Vets Ctr	Maui/Hawaii	3-11-86	341.45	3
Brown, Robert, Vets Ctr	Maui/Hawaii	3-11-86	285.95	3
Cohen, Gary, M.D.	Guam	2-07-86	980.00	7
Vandervort,WJ,M.D.	Maui	3-10-86	469.00	4
Apaka, Tsuneko (122)	Maui	11-25-85	242.00	2
			$5,706.20	45

FISCAL YEAR 1987 - DM&S (To Date)

Traveler	Destination	Travel Date	Cost	Days
Wand, Robin (122)	Kauai	12-18-86	$ 248.88	2
Apaka, Tsuneko (122)	Maui	12-11-86	246.00	2
Torigoe, Rodney, Ph.D.	Maui	11-28-86	83.00	1
Vandervort,WJ, M.D.	Guam	2-23-87	1,350.00	4
Chung, Richard, M.D.	Maui	1-15-87	230.00	2
"	Molokai/Maui	3-20-87	77.00	1
Evora, Fred, M.D.	Maui	4-10-87	105.00	1
Chung, Richard, M.D.	Maui	12-14-86	161.80	1½
Cohen, Gary, M.D.	Guam	9-14-86	1,300.00	6
Evora, Fred, M.D.	Maui	4-24-87	105.00	1
Vandervort,WJ,M.D.	Maui	5-05-87	448.00	4
			$4,354.68	25½

VETERANS ADMINISTRATION
REGIONAL OFFICE
HONOLULU, HAWAII

EMPLOYEE TRAVEL TO NEIGHBOR ISLANDS, GUAM, AND AMERICAN SAMOA

FISCAL YEAR 1985 - DVB

Traveler	Destination	Travel Date	Cost	Days
Katakura, James, VR&C	Maui/Hilo, HI	9-23-85	569.00	5
Sakuma, Leslie, VR&C	Kauai	9-19-85	281.00	2
Leong, Robert,Fld Exam.	Maui/Hawaii	9-17-85	504.00	4
Yogi, Larry, VSD	Hawaii	8-27-85	366.00	4
Takeshita, Ben, VR&C	Maui/Hawaii	8-20-85	434.00	4
Katakura, James, VR&C	Am. Samoa	7-28-85	1,118.00	6½
Yogi, Larry, VSD	Am. Samoa	7-14-85	1,106.00	7
Winters, Robt, Dir	Maui	7-04-85	414.00	4
Katakura, James, VR&C	Kauai	6-25-85	268.00	2
Winters, Robt, Dir	Am. Samoa	6-23-85	832.00	5
Leong, Robert,Fld Exam.	Molokai/Maui/Hawaii	6-10-85	517.00	4
Sakuma, Leslie, VR&C	Hawaii/Maui	6-17-85	537.00	5
Winters, Robt, Dir	Maui	4-24-85	93.00	1
Munro, Don (26)	Hawaii	6-13-85	223.00	1½
Grice, Toy, VSD	Molokai	5-29-85	185.00	1½
Pang, Al (26)	Guam	5-13-85	1,124.00	5
Winters, Robt, Dir	Hawaii	6-13-85	335.34	3
"	Molokai	5-29-85	149.00	1½
"	Molokai	5-11-85	68.00	1
Maeda, Milton, VSD	Guam	5-19-85	1,246.00	6
Yogi, Larry, VSD	Kauai	4-17-85	364.00	3
Akamu, Tom, VR&C	Guam	4-14-85	1,203.60	5
Yogi, Larry, VSD	Am. Samoa	3-04-85	787.00	6
Leong, Robt,Fld Exam.	Kauai	3-06-85	246.00	2
Sakuma, Leslie, VR&C	Hawaii/Maui	3-12-85	448.00	4
Akamu, Tom, VR&C	Am. Samoa	2-24-85	888.00	5
Winters, Robt, Dir	Kauai/Maui/Hawaii	1-28-85	451.00	5
Grice, Toy, VSD	Kauai/Maui/Hawaii	1-28-85	571.00	5
Leong, Robt, Fld Exam.	Hawaii/Maui	1-23-85	369.00	3
Takeshita, Ben, VR&C	Hawaii/Maui	1-28-85	381.00	4
Katakura, James, VR&C	Kauai	12-19-84	251.00	2
Yogi, Larry, VSD	Maui	12-12-84	323.00	3
Sakuma, Leslie, VR&C	Guam	12-08-84	1,200.00	7
Winters, Robt, Dir	Maui	11-10-84	188.00	2
Katakura, James, VR&C	Maui/Hawaii	11-13-84	441.00	4
Leong, Robt, Fld Exam.	Hawaii	10-24-84	258.00	3
			$18,738.94	135½

FISCAL YEAR 1986 - DVB

Traveler	Destination	Travel Date	Cost	Days
Pang, Al (26)	Hilo, HI	9-26-86	145.00	1
Katakura, James, VR&C	Kauai	9-25-86	325.00	2
Leong, Robt, Fld Exam.	Hawaii	9-24-86	370.00	3
Johnson, Ed, VSD	Maui	9-23-86	280.00	2

EMPLOYEE TRAVEL TO NEIGHBOR ISLANDS, GUAM, AND AMERICAN SAMOA

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FISCAL YEAR 1986 - DVB (Continued)

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Siegfried, Marvin, VSD	Maui	[illegible]	[illegible]	[illegible]
Sakuma, Leslie, VRBC	Hawaii/Maui	[illegible]	[illegible]	[illegible]
Leong, Robt, Fld Exam.	Molokai/Maui	[illegible]	[illegible]	[illegible]
Takeshita, Ben, VRBC	Maui	[illegible]	[illegible]	[illegible]
Bowles, Bill, VSD	Kauai	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Hawaii	[illegible]	[illegible]	[illegible]
Maeda, Milton, VSD	Guam	[illegible]	[illegible]	[illegible]
Tiano, Sam, Dir	Maui	[illegible]	[illegible]	[illegible]
Katakura, James, VRBC	Am. Samoa	[illegible]	[illegible]	[illegible]
Maeda, Milton, VSD	Maui	[illegible]	[illegible]	[illegible]
Watson, Montgomery, AsstDir	Maui	[illegible]	[illegible]	[illegible]
Akamu, Tom, VRBC	Maui	[illegible]	[illegible]	[illegible]
Leong, Robt, Fld Exam.	Kauai	[illegible]	[illegible]	[illegible]
Katakura, James, VRBC	Molokai/Maui/Hawaii	[illegible]	[illegible]	[illegible]
Tiano, Sam, Dir	Maui	[illegible]	[illegible]	[illegible]
Ortiz, Toy, VSD	Maui	[illegible]	[illegible]	[illegible]
Tiano, Sam, Dir	Kauai	[illegible]	[illegible]	[illegible]
Ortiz, Toy, VSD	Kauai	[illegible]	[illegible]	[illegible]
Tiano, Sam, Dir	Hilo, HI	[illegible]	[illegible]	[illegible]
Ortiz, Toy, VSD	Hilo, HI	[illegible]	[illegible]	[illegible]
Sakuma, Leslie, VRBC	Guam	[illegible]	[illegible]	[illegible]
Watson, Montgomery, AsstDir	Maui	[illegible]	[illegible]	[illegible]
Sakuma, Leslie, VRBC	Kauai	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Maui	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Am. Samoa	[illegible]	[illegible]	[illegible]
Katakura, James, VRBC	Maui/Hawaii	[illegible]	[illegible]	[illegible]
Maeda, Milton, VSD	Hawaii	[illegible]	[illegible]	[illegible]
Takeshita, Ben, VRBC	Maui	[illegible]	[illegible]	[illegible]
Katakura, James, VRBC	Am. Samoa	[illegible]	[illegible]	[illegible]
Tiano, Sam, Dir	Guam/Saipan	[illegible]	[illegible]	[illegible]
Ortiz, Toy, VSD	Guam/Saipan	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Kauai	[illegible]	[illegible]	[illegible]
Leong, Robt, Fld Exam.	Maui/Hawaii	[illegible]	[illegible]	[illegible]
Sakuma, Leslie, VRBC	Hawaii/Maui	[illegible]	[illegible]	[illegible]
Katakura, James, VRBC	Kauai	[illegible]	[illegible]	[illegible]
Sakuma, Leslie, VRBC	Guam	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Kauai	[illegible]	[illegible]	[illegible]
			[illegible]	[illegible]

FISCAL YEAR 1987 - DVB (To Date)

Traveler	Destination	Travel Date	Cost	Days
Leong, Robt, Fld Exam.	Kauai	[illegible]	[illegible]	[illegible]
*	Maui	[illegible]	[illegible]	[illegible]
Suenaga, Ken, VSD	Maui	[illegible]	[illegible]	[illegible]
Leong, Robt, Fld Exam.	Maui	[illegible]	[illegible]	[illegible]
Yogi, Larry, VSD	Maui	[illegible]	[illegible]	[illegible]
Ortiz, Toy, VSD	Maui	[illegible]	[illegible]	[illegible]

EMPLOYEE TRAVEL TO NEIGHBOR ISLANDS, GUAM, AND AMERICAN SAMOA

FISCAL YEAR 1987 - DVB (Continued)

Traveler	Destination	Travel Date	Cost	Days
Yogi, Larry, VSD	Maui	3-04-87	250.00	2
Sakuma, Leslie, VR&C	Guam	4-05-87	1,498.00	6
Yogi, Larry, VSD	Kauai	4-01-87	356.00	3
"	Maui	4-18-87	341.00	3
Siegfried, Marvin, VSD	Maui	4-22-87	243.00	2
Grice, Toy, VSD	Maui	4-11-87	238.00	1-1/2
Sakuma, Leslie, VR&C	Kauai	6-04-87	345.00	2
Yogi, Larry, VSD	Maui	5-06-87	249.00	2
Watson, Montgomery, AsstDir	Maui	1-20-87	84.00	1
Katakura, James, VR&C	Am. Samoa	1-25-87	1,140.00	6
Takeshita, Ben, VR&C	Maui	1-14-87	343.54	3
Katakura, James, VR&C	Kauai	12-11-86	325.00	2
Sakuma, Leslie, VR&C	Guam	11-30-86	1,498.00	6
Leong, Robt, Fld Exam.	Maui	11-12-86	350.00	3
Katakura, James, VR&C	Maui/Hawaii	11-17-86	619.00	5
			$9,245.54	59-1/2

6 APR 1987

DISABLED AMERICAN VETERANS
DEPARTMENT of HAWAII

Headquarters
2685 N. Nimitz Highway
Honolulu, Hawaii 96819

National Service Office
V.A. Regional Office
P.O. Box 50188
Honolulu, Hawaii 96850

April 2, 1987

Dr. William Vandervort, MD
Chief of Medical Services
VA Regional Office, Honolulu
P.O. Box 50188
Honolulu, HI 96850

Dear Dr. Vandervort:

In anticipation of the imminent loss of beneficiary travel payments for veterans as of April 13, 1987, the Disabled American Veterans, Department of Hawaii is prepared to inaugurate a very modified "DAV Transportation Network Program" as indicated herein:

1. Members of the Disabled American Veterans, who can be certified as being financially unable to provide for their own air fare from the neighbor islands to Oahu for medical treatment, may be reimbursed for such travel by the DAV Department of Hawaii.

2. To receive such payment, the member must be certified as being in need by a VA Social Worker.

3. The certification is to be sent to DAV National Service Officer Vicente Cui, who will review the certification request, and report his findings to the Department. If the NSO is provided with the certification in advance of the travel date, the Department of Hawaii will dispatch the funds to the member in advance of such travel. A one week advance notification is required for advance payment.

4. All requests made to the DAV for such payments must be in writing and must be signed by an official of the VA.

5. The Disabled American Veterans, Department of Hawaii will not consider payments to non-members of the DAV for this program, and all requests must be based on bonefide need.

This program will become effective as of April 14, 1987, and will remain in effect until such time as an official Department of Hawaii DAV Transportation Network Program is developed and placed into full operation.

Sincerely yours,

Donald J. Worobe
Department Commander

cc: NSO Cui
Bruce Nitsche, DAV National HQ, Cincinnati

TO: THE SENATE VETERANS' AFFAIRS COMMITTEE March 27, 1987

THE SYSTEMATIC VIOLATION OF SECTION 402 OF THE VIETNAM ERA VETERANS' READJUSTMENT ASSISTANCE ACT OF 1974 BY CONTRACTOR, SUBCONTRACTOR KAPIOLANI COMMUNITY COLLEGE-UNIVERSITY OF HAWAII IN THE CASE OF VETERAN JOHN BERESIWSKY

In August, 1979, I gave up a full-time job at Pearl Harbor Naval Shipyard to teach History at Kapiolani Community College as a lecturer. From August, 1979, thru May, 1982, I taught both History and American Studies at KCC as a lecturer.

In the Spring of 1981, I applied for a full-time tenure-track position in American Studies at KCC. (According to Mr. Robert Looney, who taught History 151 and 152 at KCC for 12 years, this position originally was created for Ms. Sharon Narimatsu, current assistant Dean of Instruction and EEO spokesperson at KCC, with the help of Mr. Dan Aoki of Governor Ariyoshi's Office. Mr. Looney may be contacted at 239-8913. He also was let go by KCC, Spring, 1982. At least one less qualified person, Ms. Gwen Harada, was retained to teach History. Mr. Looney filed an age discrimination complaint against KCC with the Equal Employment Opporunity Commission in San Francisco, #091830399.)

When I discovered that a less-qualified non-veteran was ranked over me and given a secondary interview by then Provost of KCC, Ms. Joyce Tsunoda, which I did not receive, I filed an EEO complaint (national origin) and a complaint with the U.S. Department of Labor, OFCCP, citing a violation by KCC of Section 402 of the Vietnam Era Readjustment Assistance Act, on Nov. 12, 1981. I also filed a grievance thru the faculty union, UHPA, that was heard in October and Novemeber of 1981.

On Feb. 21, 1982, approximately three months after my grievances, I was informed by Mr. Robert Fearrien, then Chairman of the Humanities Dept., that I was being let go but that three other lecturers in History (including Ms. Harada) would be retained. The reasons given for this action by Mr. Fearrien and Ms. Tsunoda have been found to be invalid and without merit and in my opinion, pretextual. On April 7, 1982, approximately 4 months after my grievance was heard in the Office of the Chancellor for Community Colleges, my wife, Carol, who has taught Spanish and French at Leeward Community College for 17 years, was denied promotion to Range V in spite of a unanimous verdict (12-0) by her faculty peers, by Melvin Sakaguchi, Provost of LCC. (See Enclosure 1). Carol's record speaks for itself. She was also turned down for promotion in 1984 by Mr. Sakaguchi despite unanimous approval by her peers. During the Spring, 1982 when she was turned down for promotion, she was given the merit award. And in 1984, when she was turned down by Mr. Sakaguchi, Mr. Dennis Kaibara, was approved to Range V, by Mr. Sakaguchi, despite some faculty peer reservations.

I believe that Carol has been punished by the community college administration because of my grievances and because her name is Beresiwsky.

When the KCC students found out that I was being let go, there was a tremendous outpouring of support. (See Enclosure 2). It should be noted that many of my students (especially in my night classes) were teachers, nurses, veterans, senior citizens, etc, and full-time working citizens of our community. A group of 15-20 representing my classes, , went to see Provost Tsunoda about how something like this could happen to someone like myself. During the conversation, Ms. Tsunoda made inflammatory remarks about me and did not tell the students the truth about my situation. (See Enclosure 3). Mr. Ron Pedersen may be contacted at 526-9707 and Ms. Kathleen Mitchell may be contacted at 947-6622.

The President of the KCC Student Body, Mr. Peter Dellera, a former History student of mine, and Truman Scholarship Award Winner, and other KCC students, nominated me for the excellence in teaching award. (Enclosure 4). I was also given an award from the Association of KCC Students. (Enclosure 5).

When I met with Ms. Tsunoda about my being let go, she seemed very agitated and angry with me and was very upset that numerous students were writing her letters commenting on my ability as a quality instructor. Ms. Tsunoda then accused me of propogandising and brainwashing my students.

Since this episode, I have not been given one single History or American Studies course to teach at KCC even though I am on the active pool of lecturers in both Humanities (History), and Social Sciences (American Studies). For the past four years there have been extra courses available--especially in History.

In the Spring of 1985 I applied for a full-time History position at KCC. My application was not given any consideration whatsoever --under the guise of M.A. in field required. At least one person interviewed for this position, Ms. Gwen Harada, is less qualified than me. (Mr. Robert Looney also applied and was not given any interview.)

In the Summer of 1985, I aslo applied for a full-time History position at Leeward Community College. I was told by Ms. Annelle Amaral, the State EEO co-ordinator, that someone in the community college chancellor's office notified the Dean of Instruction at LCC, Ms. Joanne Colozzi, to pull my application before it reached the DPC (Division Personnel Committee) for their consideration. Ms. Amaral felt that I was qualified for this position and should have been interviewed as did at least two members of the DPC. (Enclosure (6).

It has also come to my attention that a Ms. Cheryl Maae, a non-veteran, was interviewed for this position. I believe she has a M.A. in Education and is much less qualified than myself for this position. Ms. Amaral has written several letters to President Albert Simone about the fact that I am not getting equal opportunity for employment within the community college system.

I strongly feel that since I filed my original grievance against the KCC administration, I have been put on an unofficial blacklist by Ms. Tsunoda and the community college administration from any future employment in the community college system, and that a distinct pattern of discrimination and retaliation is manifest for my courage to speak out for truth and justice. With this kind of treatment by Ms. Tsunoda and her cohorsts, not only myself but also my wife and three young sons, have paid a dear price for my exercising our constitutional right of free speech.

Sincerely,

John Beresiwsky
1524 Halekoa Dr.
Honolulu, Hawaii 96821
(808) 735-2938

TO: THE SENATE VETERANS' AFFAIRS COMMITTEE March 26, 1987

1524 Halekoa Dr.
Honolulu, Hawaii 96821
(808) 735-2938

THE SYSTEMATIC RETALIATION AND VIOLATION OF SECTION 402 OF THE VIETNAM ERA VETERANS' READJUSTMENT ASSISTANCE ACT OF 1974, AMENDING 38 U.S.C. 2012, BY CONTRACTOR/SUBCONTRACTOR KAPIOLANI COMMUNITY COLLEGE-UNIVERSITY OF HAWAII IN THE CASE OF VETERAN JOHN BERESIWSKY

During April of 1982 I applied and was interviewed for a full-time position (on tenure track) in American Studies at Kapiolani Community College. On June 1st, 1981, I was notified by the college that I was not selected. I felt that I was the best person qualified for this particular position based on my academic qualifications, letters of recommendation, peer and student evaluations, and experience and expertise in the field. Keeping all these facts in mind and knowing that I taught American Studies at KCC longer than any of the other applicants, I had to ask myself why was I not chosen for this position?. At this time I also felt that one question asked by the interviewing panel was unfair to the rest of the applicants. This question dealt with how each applicant would approach the teaching of a new course that was being proposed by the college called Introduction to Social Science,Soc Sci 199. I felt that this question was unfair because it favored the final selectee, Mr. Eric Sears, who was given released time and was being paid by the college to develop this particular course. Other candidates had no previous knowledge of the course title or content prior to the interview.

After some informal research, I also discovered that a second interview was held which I was not a part of. Since I felt that I was the best candidate for the position I should have been a part of that second interview. The only reason that I could think of why I was not granted that second interview---which I later found out was held before the Provost, Joyce Tsunoda,---was the fact that I was born in the Ukraine, which today is part of the Soviet Union and because of this fact certain members of the panel did not want to hire someone foreign-born, especially from the Ukraine, to teach American Studies.

Upon further research, I discovered that one of the two people granted this second interview did not not have any experience teaching American Studies at the community college level. I had by this time built up a reputation among many students at KCC as an excellent teacher in both American Studies and History. (Exhibit A) I also had a story written about me for the school newspaper by Peter Dallera, a former student of mine and student body president of KCC, who ended his story about me by saying that "his experience enables John to achieve a perspective that is rarely presented in classes. He is highly respected by many of his students because he makes events come alive."Exhibit

I also discovered that this person, Mr. Wil Linville, who was given a second interview and who had no community college experience teaching American Studies, did not meet the minimum qualifications for the American Studies position. This procedural error admitted to by Dewey H. Kim and the Chancellor's Office in a letter to me dated Nov. 24, 1981 violated my rights to gain equal employment opportunity for the full-time American Studies position. (Exhibit C)

Had Mr. Linville been eliminated before the second interview--as he should have been but was not--I would have participated in that interview, and would have been afforded equal consideration with Mr. Sears, the final selectee. Ms. Patricia Manus of the EEO office in San Francisco told me that based on her research in my EEO complaint against the college, I was listed in the top three finalists for the position along with Mr. Linville. Thus had Mr. Linville been properly eliminated, the final selectee would either have been myself or Mr. Sears as a result of the second interview. But instead Mr. Linville was erroneosly and improperly granted the second interview to compete for the final selection. According to Chancellor Dewey Kim, in his letter of Nov. 24, 1982, Provost Tsunoda incredibly picked picked Mr. Sears as the final selectee through the process of elimination. Exhibit C If there is no violation here I shall be more than happy to eat this piece of paper that I am typing on.

I am also a 10point Vietnam era veteran with a compensible disability. I believe that Kapiolani Community College--University of Hawaii is a Federal contractor and/or sub-contractor and thus violated the requirements of Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974 which states that Kapiolani Community College-University of Hawaii is obligated to pursue "affirmative action" to employ and advance in employment disabled veterans of all wars, and all veterans of the Vietnam Era. (Exhibit D) Mr. Linville, who improperly was rated over and improperly given the second interview, is a non-veteran. Thus I believe that Mr. Linville, who is a non-veteran, and who did not meet the minimum qualifications for the full-time American Studies position, was unfairly, unjustly, and erroneously rated over me and given the second interview. This is a procedural violation on part of the University and also a violation of my rights as a highly qualified 10point Vietnam era veteran. I have spent countless hours and have written many letters trying to get the University Administration to rectify this serious situation. (Exhibit E)

I tried to resolve my complaint informally throught the University Administration, including EEO spokesperson for the University, Sumi McCabe, who told me that she thought my main problem was that my hair was "too long" and that I should have had it cut before my interview for the American Studies position and that I should buy certain kinds of clothes for future job interviews to "dress up" so that I can "come aboard" and be "part of the team." It seemed incredible to me at the time that an EEO spokesperson for the University of Hawaii system would bring up these irrelevant personal prejudices while totally ignoring the facts of the matter: my excellent peer and student evaluations, teaching record, experience and expertise in my fields, violation of EEO procedures and rights, and violation of my rights as a highly qualified 10point Vietnam era veteran.

Thus after attempting to resolve my complaint/grievance with the University of Hawaii Administration and getting nowhere, I filed a formal EEO complaint with the Federal Government based on National Origin (Ukrainian) and physical handicap-Lichenplanus. (Exhibit F) After I filed my EEO complaint on Nov. 12, 1981, I learned through the grapevine that the KCC administration was very chagrined with me for embarassing them by filing the formal complaint. Mona Lee, EEO spokesperson for KCC, told me that Ken Miyoshi, Chairman of Social Sciences, broke EEO procedures by handing back to me my entire application file for the American Studies position. Thus the KCC Administration had very little or no material to give the San Francisco EEO office when they started investigating my complaint.

In May of 1981, after being deluged with dozens of phone calls and letters about final grades, I discovered that over 120 of my students were never sent their final grade for the courses that I taught because of an error in the Registrar's Office. These students still have not received their final grade for my courses, even though I repeatedly have asked the KCC Adminstration to please send them out. When the

Chairman of the Senate Higher Education Committee, Pat Saiki, spoke at our general faculty meeting in Jan, of 1982, I asked her personally after the meeting what can be done about all my students from the Spring of 1981 who never received their final grades from KCC. She seemed concerned but before I could go further, Provost Tsunoda who overheard our conversation and seemed embarrassed by it,took Senator Saiki off the subject by introducing her to some other people.

On February 23, 1982, I received a memo from my Department Chairman Bob Ferrien, saying in effect that there are no classes for me to teach at KCC the following semester, Fall, 1982. (Exhibit G) What he failed to mention was the fact that three other lecturers in History were retained to teach history for the Fall of 1982. I asked him why,after three years of dedicated service at Kapiolani Community College, three other lecturers in history are being retained and I am being let go? He said that he based his decision strictly on seniority and that the three lecturers retained all taught at KCC longer than I had. Also about this time some of my students found out that I would not be returning to KCC for the Fall semester, 1982. Many of my students became very upset at this turn of events and channeled their frustration and disillusionment at this action of the college into writing-up, distributing, and signing petitions on my behalf. (Exhibit H)

Many of my students also wrote dozens of personal letters to Provost Tsunoda and representatives of all my classes went to see her personally on my behalf attesting to my high quality of instruction and appealing to her and to the college to retain me. (Exhibit I) One of my students, Jay McWilliams, who wrote for the school newspaper, the Kapio, also interviewd Mr. Ferrien and asked him why certain lecturers get to stay and others let go. Mr. Ferrien told told her that the sole criterion on who stays and who is forced to go is seniority. (Exhibit J) But when I specifically asked Mr. Ferrien for the date the three lecturers retained started teaching at KCC and whether any were Veterans or had any handicap or disability, he told me that two of the three history lecturers that were retained for the Fall Semester, 1982 started teaching at KCC the same day I did, August 27, 1979 Exhibit K and that none of the three was a veteran or disabled. I was the only veteran, the only veteran of the Vietnam era, and the only 10point veteran let go. I feel that there is something very seriously wrong when a college like KCC which receives thousands of dollars of federal aid and state aid forces out--and believe me they forced me out-- a 10point Vietnam era veteran with my intellectual background, experience, and expertise.

Not only have I been unjustly mistreated by Kapiolani Community College, certain of my basic rights as a free citizen of this country have been violated. I feel that one of the main reasons why I was let go by the college was to teach me a lesson not to file complaints against the college. In other words "don't make waves" or "rock the boat." Kapiolani Community College is punishing me for filing a formal EEO complaint, and for filing a complaint through the union,(UHPA,)and the internal U.H. Administrative mechanism to resolve my grievance. This is reprisal by Kapiolani Community College and desecrates the very principles that this country was founded on. I have always believed that it was my constitutional right to be able to file a grievance without fear of reprisal. Kapiolani Community College has proven to me that it can do just as it pleases without regard to my freedom of speech and without regard to other laws or procedures that it may have violated. I only ask for equal equal consideration and treatment from Kapiolani Community College-University of Hawaii based on my educational background, teaching abilities, three-year record at KCC and potential for service to the students, college, and community. And since I am also a 10point Vietnam era veteran, and one who served this country honorably during a time of national crisis, all I am asking for is that my rights as a veteran be safeguarded and that I be treated with a sense of fairness and human decency by Kapiolani Community College--University of Hawaii. Please help me.

Sincerely yours,
John Bezesiwsky

University of Hawaii at Manoa

Department of American Studies
Moore Hall 324 • 1890 East-West Road
Honolulu, Hawaii 96822

April 1, 1987

To Whom It May Concern:

I had John Beresiwsky for two semesters as a student in the American Studies Methodology course (701-702). John is not a native American (he was born in the Ukraine) and partly for this reason he had very interesting and perceptive comments to make regarding Americans and American culture. Throughout the year, his dual vision as a student and outside observer proved to be enormously stimulating. In addition, John is very alive and very energetic--a person who communicates his ideas with great conviction and enthusiasm.

For these reasons, I thought that he would make a fine teacher--that students would enthusiastically respond both to his vitality and the ideas he had to offer, and I wrote a letter (May, 1975) to support his application to teach in the Community College system.

In the years that have passed, John has taught at Kapiolani Community College. My initial sense that he would be an exemplary teacher has been amply confirmed. Very positive student evaluations--far beyond in appreciation than most such evaluations--and college recognition (Certificate of Appreciation--Kapiolani Community College Associated Student Organization, 1982) are strong evidence that John has indeed proved to be a stimulating and conscientious teacher.

I strongly recommend him to those who are seeking a bright, eager, and dynamic teacher.

Sincerely,

Mark Helbling
Associate Professor
American Studies
University of Hawaii-Manoa

AN EQUAL OPPORTUNITY EMPLOYER

1524 Halekoa Dr.
Honolulu, HI 96821
735-2938

April 6, 1987

Leon Richards, Dean of Instruction
Kapiolani Community College
620 Pensacola Street
Honolulu, HI 96814

Dear Sir:

I am currently in the active lectureship pool at Kapiolani Community College for Humanities (History), and Social Sciences (American Studies), and would like the attached material added to my personnel file:

1) Letter of April 1, 1987, from Dr. Mark Helbling of the University of Hawaii.

I am still available and interested in a lectureship in History and/or American Studies at Kapiolani Community College and hope to receive your full consideration for any future courses.

Sincerely,

John Beresiwsky

1524 Halekoa Dr.
Honolulu, HI 96821
735-2938

March 16, 1987

Leon Richards, Dean of Instruction
Kapiolani Community College
620 Pensacola Street
Honolulu, HI 96814

Dear Sir:

I am currently in the lectureship pool at Kapiolani Community College for Humanities and Social Sciences and would like the attached materials added to my personnel file:

1) Veterans's Administration letter dated March 4, 1987.
2) Letter of Jan. 24, 1987 from Dr. James J. Harpstrite.
3) Letter of Dec. 8, 1986 from Dr. Mark Helbling.

I am still available and interested in a lectureship in History and American Studies at Kapiolani Community College and hope to receive your full consideration for any future courses.

Sincerely,

John Beresiwsky

John Beresiwsky

1987 APR 20 PM 3 34

Dear Sen. Matsungaga, 4-9-87

Although I can not attended the April 14 hearing I would like to take this opportunity to tell you about some of my experiences with the VA.

1. Between June and Oct 1986 my pay was about $50 short per month. After four inquires this problem is no more near a resolution than it was 6 months ago.

2. My ex-wife asked for an approtionment of my pay for my adult college children even though they recieve court ordred support payments. The VA sent the notice that they where going to start witholding the money form my pay to the wrong address. When I finally got the notice I asked for an extension of the time in which I had to respond and then in another letter sent copies of the court order and payment documents. To this date I have not received an answer to my letters and of course they are withholding the money from my pay.

3. I began school in Jan of this year and have not yet received any of my education payments.

4. I am on a 40% disability and am elgible for vocational rehabilitation. The VA representative has made herself quite clear in that they are more interested in getting me employed and off their books than seeing that I am rehabilitated in a field of my choice. The army motto "Be all you can be" only applies going in not out.

I have written my problems as simply as possible, they are more complicated than I have stated.

My solution to many of the VA's problems is relatively simple. Make them accountable. Non of the letters I received from the VA was signed. I could never talk to the person who was handleing my case. I was always assured an inquire would me made. If I didn't get an answer in a month I was lucky. What a system they have. You can screw up and no one knows who's responsible.

I was paid my retirement pay for 9 years by the Air Force without a problem that wasn't solved in 10 minutes. Since the VA has gotten involved every paycheck is a surprise. You want an interesting statistic? Ask the different services how many of their retired who are eligible for VA benifits have asked not to be paid by the VA. When I asked the Air Force if it was possible to disconnect from the VA they said it happens all the time and told me what I had to do.

Sincerely yours

Tim Clark USAF Retired
3651 Pacific Av.
Long Beach CA 90807

710684C011

James M. Cowan
Box 1077
Kailua-Kona, Hawaii 96745

ATTENTION: COMMITTEE OF VA AFFAIRS:

Ref: West Hawaii (KONA) area.

"Trip Wire Vets"

There are over 800 Vietnam Veterans on this side of Hawaii, not counting other area Vets (WW II & Korea). We have no facilities whatsoever for representation or even help in the smallest way. There aren't even doctors here who will honor our outpatient cards. The outreach program will spend only $38,000.00 for one whole year worth of treatment and service for these 800 vets. After talking with the outreach people it is the wish of this vet for more money and people to serve our needs here in West Hawaii. We desperately need a vet center here. We have over 400 Vietnam vets here who live alone, are armed and dangerous. They drink to excess, carry weapons and the final end will be their death or someone else. They need a center for initial contact. Manned by men who can talk these men into treatment. Please, any and all help in this matter will be greatly appreciated.

James M. Cowan
SSg.
Silver Star, 3 Purple Hearts
6 Bronze Stars, 2 Air Medals
Good Conduct.

March 10, 1987

Dear Senator:

Please do all in your power to create a Veterans hospital in Hawaii.

I dread going to Tripler for a serious operation. I have been treated in Palo Alto and La Jolla, California. I should be able to get the same excellent treatment in Hawaii as I got in California. I will be 70 years old in June and I am in the older veterans program. I am being treated by Dr. [illegible] at Lucy Henriques.

I spent two years active duty in the infantry and one year in Army hospitals. 77th Division.

Please! Give us veterans a decent medical program as a reward for enlisting four month's after Pearl Harbor.

I thank you.

Mr. Calvin De Filippis
[illegible]
Box 1366
Kamuela, Hawaii 96743

(808)/885-[illegible]

Mark Downey
C-29-523-678
3909 Mahinahina Street
Lahaina, Hawaii 96761
669-9168

Aloha.

In 1972 while in training for Vietnam, I was wounded by a gas grenade. I suffered collapsed lungs, back injury, burns on my face and hands, and treated only with medication and my condition did not improve. I was discharged and again in 1974 I suffered a major collapse and in a private hospital my lungs were drained of over a quart of blood and fluid. Since 1972 my lungs have collapsed many times, I have chronic pleurisy, asthma, calcification and thickening of the pleural, pleural adhesions, laryngitis bronchitis, back problems, severe damage in my chest and back, I constantly run a fever, the list goes on and on. I have lost jobs, I have lost my family, I have lost the respect for the freedom in which I gave myself so willingly in 1972, I have lost.

Mark A. Downey

p.s. My disability is rated 10%
and has been for 9 years

RECEIVED APR 10 1987

April 8, 1987

The Honorable Senator,
Spark Matsunaga
Prince Kuhio Federal Building
Suite 3104
Honolulu, Hawaii 96850

Aloha Senator Matsunaga:

As a former Veterans Claims Examiner (24 years with the Veterans Administration and a total of 27 years federal service) I wish to offer several questions that might be asked of the Veterans Administration and may be helpful in your hearing.

I have not visited the Honolulu Office in several years, but did have a chance to visit the Los Angeles Regional Office in December 1985. Even the young White males felt the pressure and intimidation, prevalent for many years by policies of the agency, that result in poor service to the veterans.

1. Are cases still processed on a production basis? A requirement of 50 cases a day was the quota. This created an atmosphere of intimidation resulting in poor service to the veterans. No claim should be handled as a piece of paper to get rid of, instead of as a person's life.

2. Are 1947 and 1948 medical evaluation standards still used? Veterans receive decisions stating "their cardiovascular conditions are not related to respiratory conditions", etc. We are all aware the body functions are totally related.

3. The veterans must bear the burden of proof that disability and treatment occurred during active duty, an unfair requirement of the veteran since VA employees are trained in procedures used to locate records.

4. Veterans rated 50% for one service-connected disability and 50% for an additional service-connected disability are paid at 80% compensation. They must go through tedious procedure to secure 100% compensation and many are denied. There are veterans who have up to 170% service-connected evaluations and are paid at under 100% compensation. This information may be obtained from computer data.

Veterans are made to feel they are asking for welfare and some are turned off completely from seeking benefits they are entitled to. Prior hearings into VA policy have resulted in little change for veterans or employees. The commitment to serve and protect those who have given so much is only true for some, not all who are entitled to benefits. I pray these hearings result in constructive change for the veterans as well as the agency employees.

Mahalo

Earline L. Evans

EARLINE L. EVANS
P. O. Box 390092
Kailua-Kona, Hawaii 96739
Phone - 326-9369

March 30, 1987

JOHN FERREIRA
1148 NEAL AVE.
WAHIAWA, HI 96786

THE HONORABLE SENATOR SPARKY MATSUNAGA
109 SENATE HART BLDG.
WASHINGTON D C 20510

ATTN: John Tegami

Dear Sir,

Hopefully, the hearing by the Senate Veterans Affairs Committee concerning Medical benefits for Hawaii Veterans will also include "Dental Care"

I'm concerned and question the policy of military dependents being placed ahead of Veterans for dental work at the Schofield Dental Clinic. It is practically impossible for me and other Veterans to confirm appointments because of this procedure. We are forced to patronize civilian dental facilities for treatment, which creates a hardship financially on ourselves and our families.

I've served in the Korean war, and also two tours in Vietnam. Throughout our military career veterans look forward to the day when these benefits become a reality.

Obviously we are becoming "third class" citizens. Gradually, our benefits are being eliminated.

I speak for many veterans who express concern and disappointment wondering what will happen in the years ahead.

Hopefully, someone in congress will realize that Veterans deserve respect and recognition for the hardships and sacrifices we endured while serving our country.

Respectfully,

John Ferreira

John Ferreira
United States Army (Retired)

1987 MAR 24 PM 3 53

50-A Maile Street, #11
Hilo, Hawaii 96720
March 20, 1987

Senator Sparky Matsunaga
5121 Dirksen Senate Office Bldg.
Washington, D.C. 20510

Dear Senator Matsunaga:

The members of the veterans community here in Hawaii have been informed that you will be on Oahu April 14, 1987, to gather testimony regarding the needs of the veterans in this state.

One of the problems that the veterans on the outside islands face is directly related to your gathering of this testimony. The outside island veteran must travel to Oahu--whether it is for treatment for medical problems or to give testimony on our needs. Why is this inevitably the case? Why does the Veterans Administration fail to provide a full-time office on the outer islands and, instead, rely on the State of Hawaii's Department of Social Services and Housing to furnish a Veterans Affairs Counselor?

The inconvenience that is created by all facilities of the VA being on Oahu causes neglect of the needs of deserving veterans. They either have to go without medical attention altogether or become so discouraged by the long waiting period and heavy travel expenses that they give up trying and just let their condition worsen.

Traveling medical teams that could visit the outside islands on regular schedules would fill a great need here on the Island of Hawaii. It would be cheaper for medical assistance to come to us than making us travel to Oahu. As you must know, seeking medical treatment and existing on Oahu for whatever time is necessary takes more than the transportation expenses currently paid by the VA! The average veteran cannot afford these extraordinary costs which are above his normal living expenses.

A vet center could be set up on this island. There are both State and County facilities that are not being utilized i.e. the Hale Nani Police Academy, Honua Hawaii on Stainback Highway and the old Hilo Memorial Hospital on Rainbow Drive.

More compassion towards the veteran should be shown by the VA--if it weren't for the needs of the veteran, there would be no need for the VA! My hope is that your testimony gathering will result in corrections being made to eliminate this great neglect of our veterans.

The suggestions I have presented to you are not too much. At one point in our lives we veterans gave our all for this great country--our very lives if need be. All we ask in return is a fair shake.

Sincerely,

Dan Frias

Dan Frias, Commander
Veterans of the Vietnam War, Inc.
Hawaii Post I

DF:sf

181 Ka Drive
Kula, Maui 96790
March 18, 1987

Senator Spark Matsunaga
109 Hart Senate Office Building
Washington, D. C. 20510

RE: Joseph J. Gonzales, Sr. SS No. 575 28 7375 - C No. 16 594 005

Dear Senator Matsunaga:

This is in regards to your plan hearing on Veterans benefits here in Hawaii.

I am a Korean Veteran and have my left leg amputate below the knee. Also my right knee cap was removed and the rest of my right leg is one mess of wounds.

This Senator, makes my getting around very difficult. I live on Maui and need to travel to Oahu to have most of my problems taking care off at C. R. Newton's or Tripler Hospital.

Now my problem with the V. A. in Honolulu. They insist that I call a certain Cab Company to get from Point A to Point B etc. There are time I must make numerous stops on one visit , so it is difficult for me to cover this many stops as recommended by the V. A.
I usually rent a U-Drive and drive myself to point A and B etc. I don't waste time waiting hours for a taxi to pick me up at each stop I make. Also I know it is cheaper for the V. A. to reinburse me for the U-Drive Rental instead of the taxi fares. Yet the V. A. insist that I must use the Taxi service if I want to be reinbursed for my expenses.

Here we veterans are trying to keep the cost to the V. A. down as much as possible and yet we are penalized by the V. A. Please check and see why we can't use a U-Drive instead of the taxi?

Also we now are told by the V. A. that you people in Congress have cut their budget so much that they don't have funds for us service connected veterans to travel to Oahu for treatments. An example that just happen to me lately. Both my prosthesis had the leather strap broken and needed to be replaced. I called the V. A. and was told there were no funds to pay for my trip to Oahu to have my legs repaired. I was told they would send me postage, so I could mail my legs to C. R. Newton's for repairs. I informed the V. A. that I was force to use an old leg that did not fit properly and needed to have the repairs done immediately. They told me it would only take two days. Well it took all of two weeks before I got my legs back. Now I find the new straps don't fit properly and a causing blisters on my thigh. So you see if and when the V. A. finds funds to sent me to Honolulu to correct this, I'll have to suffer the pains of the inproper strap.

Please check to see why we can't have a service connected injury taken care of properly. Whose at fault on this, the V. A. or Congress?

Aloha,

Joseph J. Gonzales, Sr.

23 March 1987

Senator Sparky Matsunaga
U.S. Senate Veterans Affairs

Sir,

Would you please comment on the possibility of routine dental care for the veteran in a military installation being returned in the near future.

In early January 1986, I reported to the Tripler Army Medical Center Dental Clinic with my chief complaint being that of 3 aching teeth. I was informed this did not qualify as a emergency and I would need to make a appointment for a routine checkup. This I did. My appointment date for the above care was for 6 February. Upon completion of checkup I was informed that crowns, which I needed were not being done at this time due to a heavy load of active duty personnel and their dependents. The suggestion then made to me was to get a civilian dentist. However, I could place my name on a waiting list which I did and as of this date my name is still there. Needless to say, I have secured the care needed and in 1986 paid approximately $1,874.00. Once again, in 1987, I am in the process of getting more dental work done and expect a cost of approximately $1,800.00 plus.

The veteran can get emergency care, routine dental checkup, cleaning and x-rays in the Tripler Dental Clinic. The entire staff of the clinic have been outstanding in their concern for our well-being but just do not have the time nor staff available to take care of us. We are permitted to wait in the clinic for possible no-shows and/or cancellations and can possibly get some work done.

As a veteran of twenty-two years military service I just feel a service I expected to have available to me is almost nonexistent.

Thank you for your time. I hope to attend the hearing April 14, in the state Capitol auditorium.

Yours truly,
Mary F. Gonzales
Mary F. Gonzales
LTC USA RET

LAW OFFICES OF
KURT A. GRONAU
PIONEER PLAZA
900 FORT STREET MALL, SUITE 909
HONOLULU, HAWAII 96813
TELEPHONE (808) 526-9561

April 1, 1987

The Honorable Spark M. Matsunaga
United States Senator
Prince Kuhio Federal Bldg., Room 3104
Honolulu, Hawaii 96813

RE: Public Hearing on Veteran's Administration Matters; April 14, 1987

Dear Senator Matsunaga:

My name is Kurt A. Gronau and I am a local boy who is a Vietnam combat veteran, having earned, among other things, a Combat Infantryman's Badge. I served with the First Air Cavalry Division in the Republic of Vietnam in 1971 and 1972.

In 1945, Senator, you and your fellow soldiers came home as heroes. The Veteran's Administration took care of you. If you chose to go to college, you received room, board, tuition payments, books and $50.00 a month, which was an adequate sum in those days. On the other hand, Vietnam veterans, if they chose to go to college, received a monthly stipend that barely paid their rent. I had to drop out of college on two occasions to earn money to pay for my tuition. I am still paying back the loans that I took out for law school. In addition, there were no out-reach programs at that time that I could turn to for my feelings of anger and abandonment.

I believe that the local Veteran's Center is about the only thing that the current Veteran's Administration can point to with pride. This helped a number of Hawaii veterans, but has not helped those on the outer islands, who will not and cannot come in to Honolulu.

Here in Honolulu, as on the island of Maui, the Traveling Wall, the half-size replica of the Wall in Washington, D.C., demonstrated the incredible emotion of veterans, and the families of those who died in battle. For many of us, we have never been able to fully assimilate this horrible experience of war, due in large part to the fact that society has ignored us. As painful as the war was, perhaps even more painful was being treated as some kind of freak by people you cared about.

LAW OFFICES OF
KURT A. GRONAU

The Honorable Spark M. Matsunaga
RE: Public Hearing on Veteran's
Administration Matters; April 14, 1987
April 1, 1987
Page 2

It fills me with indescribable anger to think that our Veteran's Center is in danger of losing its funding. I would ask anyone who has seen the movie "Platoon" why we cannot afford to reach those veterans who have not come out of the jungle, both literally and figuratively. They are there and many of them have not really come home from that jungle. They simply do not know how to. Their pain and disenfranchisement continues to bankrupt the moral fiber of this country. How can you tell a man who has held the broken body of his friend and fellow soldier, who has fought and lost his self-dignity and sense of self worth as a human being, that his country cannot afford to help him in his hour of need?

There are many worthwhile programs for the disadvantaged, the homeless, the poor, the forgotten but we, Senator, are the victims of your generation's blunders in foreign policy. We are the ones who bled for you. Give us life.

Sincerely,

KURT A. GRONAU

KAG:ett

March 1987

Dear Sirs:

My name is Jose Guaderrama and I am a Vietnam veteran who lives and works on the island of Maui. I served in Vietnam from June 1968 to December 1970. I do not have a combat MOS but served in a combat zone in a combat support role. I witnessed many things that still trouble me today. I need help - more help than I'm getting now. Please, listen carefully to my words and to the words of other vets testifying today.

Some of my problems are related to VA services - or lack of VA services where I live. Some of my problems come from the War.

My non-combat MOS did not stop me from standing bunker watch where I spent endless hours staring at the barbed wire fearing the appearance of the enemy out of the darkness. My non-combat MOS didn't stop me from spending endless nights out on LPs - listening posts - ya know - where you go outside the barbed wire with one or two other guys and listen for the enemy.

My non-combat MOS didn't stop other horrors of war.

It didn't stop the fear or the anger or the confusion and guilt I felt when I put pieces of people into body bags. Or when I cleaned their blood off the radios and other equipment. Or when I prepared the choppers for their next mission - knowing they would return with more blood and more bodies.

My non-combat MOS does not stop the nightmares or the guilt or the shame or the fear or the anger, but alcohol and drugs do - at least for awhile.

This is one of my problems that I need help with. But, on Maui, there's no treatment program that I can go to because I don't have insurance. Vets on Oahu can go to the VA; on Maui I cannot.

My counselor tells me that I need help to stop the drugs. I know that. He helped me understand that the drug abuse is the result of "self-medicating." That makes sense to me because before Vietnam I didn't use drugs. That all started in Vietnam. I really did "medicate" myself to avoid all the feelings I mentioned before.

I'm still able to function in my job. I'm a car mechanic and I'm self-employed. If I leave Maui for treatment I'll lose my business. If I stay here I can't get treatment.

Please help me with this Catch-22!

Page 2

My counselor says I need outpatient drug rehabilitation treatment; that way I'll learn how to stop the abuse. But I don't want to lose my only source of income. My work helps me feel okay about myself. Please get the VA to approve and pay for treatment programs for me, and other vets like me, here on Maui. There are two programs that I know about: Aloha House and Castle. But they can't help vets because there's no money or support from the VA. I learned about this from the Vietnam Vets of Maui and I'm pissed off about it.

Living on Maui is something I do because of the War. I can't stand lots of people or traffic and all the noise of the city. Maui is a lot like Vietnam. I lost a very important part of myself in Vietnam - I'm looking for it on Maui. My counselor tells me that I need to look inside myself. I know that, too. I can do it here on Maui. I can't do it back home or on Oahu.

I have some other problems, too. Like the SBA (Small Business Administration). They have this special program for vets. So I go apply because I'm a vet with a small business. Guess what - the program is there but there's no money! SBA looks good on paper but that don't help me. That makes me very angry.

The VA does the same thing. It tells me about all these programs that can help me, but then they tell me there's no money or that I'm not deserving because I have a non-combat MOS.

I'm tired of it - of all the broken promises - of all the frustration.

My counselor has helped me with this letter to you. He helped me get through some of the anger and confusion so that I could ask for your help. But these are my words, my thoughts, and my feelings.

I will end with my thanks to you for listening. I also thank you for your efforts in Congress to give us vets programs to help. Now I ask you to see that these programs get to us over here on Maui - PLEASE!

Sincerely,

Jose L. Guaderrama

Jose Guaderrama

9 PM 3 15

2364 Old Spring Road
Smyrna, GA 30080
April 16, 1987

Senator Spark Matsunaga
United States Senate Building
Washington, DC 20515

Re: VA Claim #6169771
SSN 258-20-6975

Dear Senator Matsunaga:

I am an honorably discharged veteran with a service connected disability. On Monday, April 13, 1987, I went to the VA Medical Center in Decatur, GA with a reasonable complaint concerning my disability. This is a recurring problem that I have had for some years and have previously received treatment for in Decatur.

I signed in at the Outpatient Clinic at 10:39 a.m. At 6:15 p.m. I was seen by a doctor in the Emergency Room. Exams had understandably been moved there after other doctors had gone home.

After a brief examination, I was given a prescription and told that an appointment would be made for me at a later date after eligibility had been established.

After a short wait (30-35 minutes) in the Pharmacy, I left the Center at 7:15 p.m.

My problem on Monday was not life threatening, but suppose it had been. Would it have taken nine hours to establish my eligibility? Would it have taken nine hours to receive treatment?

Is this the type of treatment veterans, with or without a service connected disability, can expect from this Adminatration?

I am not looking for any special treatment. No more, no less than I was promised when I served my country. I believe this to be medical treatment in a timely manner - not the treatment I received on Monday.

May I hear from you on this matter?

Sincerely,

Jack M. Harris

Jack M. Harris

P. O. Box 55
Kurtistown, HI 96760
(808) 968-8307

April 14, 1987

The Honorable Sparky Matsunaga
United States Senate
Washington, DC 20510

Dear Senator and Fellow Veteran:

Sir! I am writing you on behalf of myself and the many disabled American veterans who are having continuing problems with services from the Veterans Administration in Honolulu, Hawaii.

I am a 30% disabled Vietnam veteran with over 20 years of honorable service in the United States Marine Corps and the United States Army. I am also a single parent raising two small boys ages 10 and 11 years old, the later boy is severely crippled, having had 6 major operations with more to follow.

I retired from the U. S. Army on 31 Oct. 79 and moved to Hawaii in August of 1980. I am enclosing a chronological statement of events involving the Veterans Administration, some of which border on the ridiculous. A case in point--in 1984 I was notified that I was deceased!!!

I would like to point out that Mr. Pat Pavao, State of Hawaii, Veterans representative, Hilo, Hawaii has had to intervene with the Veterans Administration, Honolulu, Hawaii, time and time again on my behalf. I thank God for his continued help and support for the disabled American veterans here in Hawaii!! Though EXTREMELY dedicated, Mr. Pavao is only one person, with a very heavy case load. Therefor I am turning to you and your staff in the hope that you can correct some of these obvious problems, many of which are self inflicted by the V.A., encountered by veterans seeking help at the Veterans Administration, Honolulu. A case in point--scheduling neighbor island veterans for appointments at Tripler Army Hospital at 8:00 a.m. when it is physically impossible to arrive at that time because commercial planes do not fly that early in the morning. When I brought this fact up to then V.A. Director Winters, Tripler Army Hospital was blamed and I was told by Mr. Winters that if I felt that I would be having continuing medical problems that I should move to Honolulu. After a check with the Supervisor of the Central Appointment Office at Tripler, I was informed that Veterans would NEVER be scheduled that early if only the Veterans Administration employee making the appointment would so inform the Central Appointment Clerk!!

I have a service connected hearing loss and have been trying for years to obtain hearing aids that are adequate for my disability. I still do not have adequate aids.

[illegible]

[illegible]

If veterans are going to receive adequate care from V. A. facilities, the following must happen at a minimum when a complaint is received:

1. An investigation should commence as to the cause of the complaint.

2. Adequate records MUST be maintained at all times to allow for a complete paper trail.

3. Misstatements, excuses and other irrelevant information should not [illegible] the veteran, i.e. [illegible] the buck!

4. Personnel should be cross trained in the minimal requirements of obtaining status from their own section. (The person who has that information is not in should never be an excuse!!)

5. Expeditious means should be employed to place the veteran in the STATUS QUO. In cases of lost pay checks, medication, needed devices, etc. routine re-ordering should NEVER be employed--as in fact it is done now!

6. Steps should be taken to insure that the same situation does not recur, i.e. find the problem and correct it!

7. The veteran should be informed by the fastest methods available as to the status and disposition of his/her complaint.

8. All verbal communications should be followed by written correspondence stating the complaint AND the solution.

When I have a problem and notify the V.A. I am pushed to the back of the line. The only conclusion I can draw from my numerous past and pending experiences is that the V. A. in Honolulu is in a state of pandemonium, severely lacking leadership. Not only does the Veterans and his/her family suffer unnecessarily but conscientious, hard working individuals at the V.A. are unjustly blamed for the careless and uncaring attitudes of the few who are in authority to change the system for the betterment of all parties concerned.

I am asking Mr. Pavao to personally deliver this correspondence to you and hereby authorize him to make available to you and your staff any and all records, medical or otherwise, pertaining to my case. My fervent wish is that improvements to the system will follow your investigation as surely many other veterans are suffering unknown anguish unnecessarily.

Thank you again for your continued support of all veterans, not only here in Hawaii but throughout America. God bless you.

Sincerely,

Arthur K. Hess Jr.

Arthur K. Hess, Jr.
369-30-1891
SPC, Retired

4/1/86 Error by VA

TT VACO 1177 NR 7/25/84 CR

P3177 CHRIV

LOC. 359/11/ date 7/31/84

[redacted]

1055125 A 0-29-01-019305
RAUZ... RUEWDB6171 1252050 ...-RICHRIV.
ZNR
FM VACO WASHDC 372
TO NPRC ARMY SEC 71 PERS REC CEN ST LOUIS MO
BT
SP.1: AR HESS, ARTHUR W., JR. C 24 754 563
SSN 349 30 1891 WAS RETIRED FROM U.S. ARMY 10-31-79
AFTER 20 YEARS 1 MO AND 4 DAYS OF NON ACTIVE SERVICE DIED
1-24-84. IT IS ALLEGED THAT VET RECD TREATMENT FOR
ALCOHOLISM IN JUNE 1975 AT THE ALCOHOL AND DRUG ABUSE
CENTER, FT. LEONARD WOOD MO REQUEST ALL AVAILABLE
SERVICE MEDICAL RECORDS TO INCLUDE ALL RECORDS OF ALLEGED
TRMT. URGENT. APPEAL PENDING. PLS FWD RECORDS TO
VA CENTRAL OFFICE, DEPT. OF VETERANS BENEFITS, ADMIN.
SERVICE (234A), WASH. D.C. 20420
231423
BT

LOC. 359/11/ date 7/31/84

Where was obtained this info during vet active duty [illegible] 2/12/85

C# 24-754-563

NNNN
R73177 CHRIV

Service Connected
Condition

Form Approved
OMB No. 76-R[illegible]

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO. 349-30-1891	VA FILE NO. C- 24-754-563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)
Arthur Kenneth Hess Jr.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

In reply to VA letter 359/212 dated June 29, 1983. I do not want another personal hearing neither at the VA office in Honolulu or at the VA office in Washington D.C. I hope now that this is perfectly clear as I am disturbed by this letter. For the following reasons:

1. I have already had a personal hearing at my own expense and was led to believe that upon receipt of VA form 1-9 that my appeal would be placed on docket with the Board of Veterans appeals in Washington D.C.

2. I live over 200 miles from Honolulu and can only get ther by boat or plane at a very high cost to myself.

3. I would like to know how many personal hearings are authorized by VA regulations.

I was told only one. If this is not the case, then how many two, five, or maybe ten hearings? Of course this is rediculous as is the letter I was sent.

Logic dictated that if more than one hearing were authorized then Veterans living in Honolulu who have excess to the VA on a day to day bases could request hearing after hearing in an attempt to vent their frustrations at an administration, who obviously doesn't even know its own regulations. As the letter I was sent

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED	SIGNATURE Arthur K Hess Jr.

ADDRESS

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1978 **21-4138**

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Form Approved
OMB No. [illegible]

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO.	VA FILE NO. C-

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

clearly states that I have already received a personal hearing.

The blundering of years office has only caused a delay in my appeal. Therefore, I demand that a copy of this letter and a copy of the letter sent to me (359/212 dated June 29, 1983) be incorporated in my records that are to be forewarded to the Board of Apppeals in Washington D.C. as documented evidence, that personel of the VA are not adequetly trained in the very basic regulations they need to know in order to process a claim in a timely matter. This is an important element in an appeal claim. I would hope that all appeals coming from your office are not handled in this manner. Therefore, I am sending a courtesy copy of this letter and your letter to the Local Director, Mr. Winters in attempt to enlighten him on the local appeal policy and hope that corrective action will be taken to eliminate this type of oversight in the future.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED: 7-12-83
SIGNATURE: Arthur K Hess Jr.

ADDRESS: P.O. Box 55, Kurtistown, Hi 96760

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Regional Office

P.O. Box 50188
Honolulu HI 96850

Veterans
Administration

June 29, 1983

In Reply Refer To:
359/212
C-24 754 563

Mr. Arthur K. Hess
P. O. Box 55
Kurtistown, HI 96760

Dear Mr. Hess:

We have received your Substantive Appeal, VA Form 1-9. You did not indicate on this form whether you desire another hearing at this office or at Washington, D.C.

If you believe that you have presented your case adequately at the last hearing held on February 15, 1983, then another hearing is not necessary. However, if you desire another hearing, please let us know.

If we do not hear from you within 30 days from the date of this letter, we will assume that you do not desire a hearing and we will proceed with the certification of your appeal to the Board of Veterans Appeals.

Sincerely yours,

E. J. Stanley

E. J. STANLEY
Adjudication Officer

cc: DAV

file copy

Form Approved
OMB No. 76-R0335

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO. 349-30-1891	VA FILE NO. c- 24 754 563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (*Type or print*)

Arthur K. Hess, Jr.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

This statement is relative to Chapter #31 appeal which is on docket with the Board of Veterans Appeal.

I feel I have a complaint in the manner in which my claim for Chapter #31 has been handled by Mr. Thomas Akamu VR&C Officer, VA Honolulu.

(Mr AKAMU)
[1982]

I have been trying to receive Chapter #31 benefits for 2 years now. During this period the following has happened.

1. My original request dated May 1981 was lost by the VA I re-submitted and was denied.
2. I obtained new evidence and re-submitted my claim in March 1982.

I notified the VA in Honolulu that I would be going to summer school at U.H. at Manoa in Honolulu. Disregarding this I was given an appointment for June in Hilo, Hawaii where of course I would not be.

My case was dragged on all summer.

1. Mr. Akamu went on leave and no one else could help me.
2. My records were lost. (they were finally

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED 6/6/83	SIGNATURE Arthur K Hess Jr

ADDRESS

P.O. Box 55, Kurtistown, HI 96760

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138
FEB 1978

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Form Approved
OMB No. 76-RO335

VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO.
349-30-1891

VA FILE NO.
C- 24 754 563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN *(Type or print)*
Arthur K. Hess, Jr.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

found in the Finance section of the VA.

3. I was told the Dr. needed more time as he was undecided about whether to grant me Chapter #31 or not. I immediately made myself available for physical examination. I was refused. WHY?

I have Dr.'s statements that I cannot work my old job as an X-Ray repair man. I am attempting to pursue a new field by going to College on Chapter #31 not Chapter #34 as these disabilities are service connected. I am enclosing a copy of Mr. Patrick A. Pavao's letter which in essence supports my statement.

Also I was denied Chapter #31 and received a Statement of the case on 22 Oct. 1982. I was not given a personal hearing until January 1983. Is'nt this done just backward? I thought a personal hearing was for the purpose of presenting one's case, but in this matter I was prejudged not acceptable before I ever had a chance to rebut or present evidence. My doctor says it is to dangerous for me to work on high voltage equipment.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED
6/6/83

SIGNATURE
Arthur K Hess Jr

ADDRESS
P.O. Box 55, Kurtistown, HI 96760

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1978 21-4138

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Form Approved
OMB No. 76-RO335

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO. 340-30-1891	VA FILE NO. C- 24 754 563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (*Type or print*)

Arthur K. Hess, Jr.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

He ran several tests on me. The VA Dr. says I'm okay but he didn't even talk with me or examine me at all. Even when I requested that I be examined. So I feel the VA Dr. had the opportunity to make a valid decision but did not avail himself, therefore my Dr.'s statements ate the only VALID evidence therefore I should be granted Chapter #31 retroactive to May 1981. I also request that an investigation of my files be made as I feel that I was not retested in a fair manner as to the time taken on this case by Mr. Akamu.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED 6/6/83	SIGNATURE Arthur K Hess Jr

ADDRESS

P.O. Box 55, Kurtistown, HI 96760

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM FEB 1979 **21-4138** EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Form Approved
OMB No. 76-RO335

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO. 349-30-1891	VA FILE NO. C-24754-563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN (Type or print)

HESS, Arthur K. Jr.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

✓ Mr. Bob Winters
Director

Mr. Toy Grice
Veterans Service Officer

This is to notify you that if I do not receive payment in full for Educational Benefits due me from August 13, 1982 to September 30, 1982 by October [illegible] 12, 1982, I will be forced to seek legal action in small claims court. A financial hardship is being placed upon myself and my two children, ages 6 because I have not received monies due. If I am not payed in full by October 12, 1982, I may be forced to drop out of college and seek employment to enable me to meet my financial obligations. I will have no choice but to seek recourse for damages done to my pursuit of a college degree.

Received check
mail 8th of Oct.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED: 10 CT 82
SIGNATURE: Arthur K Hess Jr.

ADDRESS

P.O. Box 55, Kurtistown, Hawaii 96760

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138
FEB 1979

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Dr
[illegible] (Maho) neurologist

July 2, 1982

To Whom it may Concern:

Mr. Arthur K. Hess Jr., C-24754463 initially applied for G.I. Bill benefits per chapter #31, Vocational Rehabilitation in May 1981, however, after much confusion due to misplacement of his original application he was found not eligible in August 1981, consequently applied for Chapter #34, and has attended Hilo College since August 1981 through May 1982.

On March 18, 1982 he was notified service connected disabilities were increased to 20% effective November 1, 1979 per Board of Veterans Appeal decision dated March 5, 1982 to include tinnitus with dizziness and Bronchitis. He therefore resubmitted for Chapter #31, Voc. Rehab. in March 1982.

Our records indicate on April 16, 1982 we called VARO, on behalf of Mr. Hess, regarding status of his second Chapter #31 application sent in March 1982. We informed VA Mr. Hess was attending Hilo College per chapter #34 and he would be in Honolulu, Hawaii attending Manoa Summer Session from May 19, 1982 through August 1982. He had three (3) concerns:

1. Maintaining continued payments.
2. Determination of eligibility for Chapter #31.
3. He would be in Honolulu May 17 through August 1982 attending Manoa.

We were informed all Mr. Hess needed to do was hand carry his enrollment certification to VA and request immediate processing. Also notification to the Voc. Rehab. Section would be made relative to his second application.

On May 4 and May 10, 1982 we again called VARO regarding Mr. Hess's concerns and we were assured the above matter was taken cared of.

VAC Mr. Pavao was on funeral leave from May 19,1982 to May 21, 1982 due to a death in the family. Upon return to work on May 24, 1982, a telephone call of May 19, 1982 from Mr. Akamu was returned. Mr. Pavao was informed Mr. Akamu was on leave and message was left that Mr. Akamu's May 19, 1982 call was returned.

June

June 30, 1982 received call from Mr. Hess requesting a chronological breakdown of above mentioned. Informed by Mr. Hess, appointment scheduled July 6, 1982, 9:00 A.M. with Voc. Rehab. Called Voc. Rehab. June 30, 1982 to speak to Mr. Akamu who was not available, talked to Ben who verified appointment.

Respectfully submitted,

Patrick A. Pavao

mailed to VARO c/o DAV 7/2/82

Form Approved
OMB No. 76-R[illegible]

VETERANS ADMINISTRATION **STATEMENT IN SUPPORT OF CLAIM**	SOCIAL SECURITY NO. 349-30-1891	VA FILE NO. C-247 54 563

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

The first Dentist I saw was Dr Auigula, who did 2 of my teeth. He wanted to charge me "350⁰⁰" extra so I complained to V.A. I then was told to select an other Dentist. I went to Dr. Krupp in El Paso, T-X. The gold crown & Bridge he put in [illegible]. I need a re-evaluation from a local Dentist. I believe I need more dental work. as the teeth do not fit correctly also.

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED: 11/24/80

SIGNATURE: x

ADDRESS: General Delivery [illegible]

PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

VA FORM 21-4138

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977, WILL BE USED.

Mr. William C. Oshiro
Director
Veterans Administration Regional Office
P. O. Box 50188
Honolulu, Hawaii 96850

December 16, 1980

Dear Mr. Oshiro

Reference is to your letter of December 4, 1980 relative to your office services regarding my September 15, 1980, telephone inquiry. The following chronological events leading up to and after said call is hereby submitted.

Factual information indicated I retired October 31, 1979, eligible for retired monthly pay of $625.00, to support myself and two children. Based on service connected claims filed November 2, 1979, I was awarded 10% for flat feet, 0%, hearing loss and 0% hemorrhoids, eligible for $48.00 effective November 1, 1979. Effective July 1, 1980, the Army Retired Branch began to withhold $48.00 per VA compensation reduction, however, the VA did not commence their payment of $48.00 resulting in my monthly income reduction to $577.00. To obtain a tax break and electing VA compensation, I experienced some questionable services.

Upon leaving El Paso, Texas July 1980, I filled out necessary forms requesting my records be transferred to Honolulu, Hawaii. Upon arriving in Hawaii on August 19, 1980 I contacted the State of Hawaii, Department of Social Services, Veterans Affairs Officer, Mr. Pat Pavao on August 19,1980. He immediately contacted the VA Regional Office in Honolulu, Hawaii requesting transfer of my records, status of the non-receipt of my $48.00 since July 1980, and status of my RH insurance application. Mr. Pavao's office has been very cooperative and helpful in assisting me to tolerate, overcome and correct the problems and frustrations I have encountered relative to non-receipt of my VA checks. He has also assisted me with applications for medical benefits as well as filing a supplemental claim.

September 15, 1980, having no response, Mr. Pavao's office called the Regional Office in Honolulu informing them I had not received my VA compensation checks and I requested immediate action be done since I was cut $48.00 for three consecutive months from my retired pay totaling $144.00.

On September 20, 1980, I received a letter dated September 17 1980, from Waco, Texas informing my claim file was being transferred to Honolulu, Hawaii and further action on my compensation claim was pending receipt of new compensation rates effective October 1, 1980, and claims would be processed by Honolulu Regional Office.

September 22, 1980, again I called the Honolulu, VA office and spoke with Mr. [illegible], Chief Veterans Benefits Officer, who stated I wouldn't [illegible] special pay by September 30, 1980 and my file was finally transferred from Reno, [illegible] on September 29, 1980.

September 27, 1980 the VA Regional Office in Honolulu stated my file was received on September 29, 1980 and no award was processed at the old rate of $41.00 per month since I [illegible] [illegible], September [illegible]. On September 26, 1980 they processed [illegible] [illegible] special pay of $46.00 [illegible] [illegible] $146.00 and I would be receiving the check within 3 to 10 days. Also, I would be receiving a VA Form 21-[illegible] to indicate to correct the new rates which will be effective October 1, 1980. I finally received the $[illegible] check about October 10, 1980, however I never received the VA Form 21-[illegible].

October 1, 1980 the Army Retired Branch increased the VA Compensation deduction from $48.00 to $54.00, however, the VA continued to pay me $48.00 instead of $54.00 for the month of October and November, resulting in a $12.00 under payment since October 1, 1980. To date, I am still receiving VA Compensation of $48.00 instead of $54.00.

October 23, 1980, Mr. [illegible] assisted in submitting VA Form 21-651 to consent to compensation in lieu of Retired Pay, even though the Retired Pay Division was in fact withholding the $54.00 amount, along with a note requesting the VA correct the VA payment from $48.00 to $54.00 effective October 1, 1980.

December 1, 1980 I again called the [illegible] Honolulu, [illegible] [illegible]. [illegible] [illegible] December 1, 1980 [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible], I was notified my award has been amended to [illegible] monthly effective October 1, 1980 because of legislative change. It is quite difficult to accept that it took VA two months to make a legislative change. I have been promised my checks will be corrected by January 1, 1981 and I would receive the adjustment of my checks by Christmas. If not, you will be hearing from me again.

Besides experiencing numerous frustrations from July 1980 to December 1980 to resolve the amount of VA compensation [illegible], I have also filed for the following with subsequent results.

1. VA National Service Life Insurance whereby I was initially considered non-eligible in early 1980, no notification or application was being given due attention as of May 1, 1980 and finally made effective October 1, 1980. Presently, I am quite satisfied my NSLI has been processed, is effective and premiums are being deducted from my retired pay. My only concern is why should it take so long?

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]
[illegible]
[illegible]

RECEIVED MAR 2 0 1987

MAR 24 PM 2 59

March 9, 1987

THE HONORABE Spark Matsunaga
U.S. Senator.
& Hospital Administrator
Tripler Medical Center
Honolulu, Hawaii

Dear Sir:

After working at your Tripler Out-Patient Lab since April 7, 1986, my position as a medical technician has become highly stressful and oftentimes unbearable. This is mainly due to the high incidence of mismanagement. There are frequent outbursts and arguments among workers in the presence of patients. These outbursts are colored with foul language, terms such as "F----,________, ________."

These incidents further enhance the already tainted reputation of Tripler Medical Center. These are technicians who are allowed to vebalize the drawing of blood as "sticking" their patients. The young corpmen and corpwomen are put in the "bleeding rooms" where they begin "sticking" their patients. This term was often used by Sergeant-in-charge Diana Williams. She has stated, "Did you stick anybody yet?!!"

Aside from the gross misconduct of employees, there is an air that if any member of the personnel speaks out in criticism of procedures, it is immediately countered with boisterous reprimands. These failures to perform in a professional manner regarding the laboratory personnel leads to patient mistrust. There was, for instance, a young military employee who left the needle in a patient's arm and proceeded to call a co-worker to aid in drawing the blood. The patient was left unattended and in a state of confusion. This information was confided to me by a patient because she was relieved to have me draw her blood specimen since she knew I was experienced.

It is not only the patients who suffer in the negative atmosphere. There were numerous times when I was not permitted to go on breaks and/or able to go to lunch. I was asked to work overtime because of a shortage in military personnel and I worked seven hours straight without lunch. Out of this mismanagement, in particular the mismanagement of Sergeant Williams, worker's rights, i.e., breaks and lunch hours are often infringed upon.

There were also times when normal policies or procedures were broken. For example, when I first started working at Tripler there existed an understanding that two people must always be present in the lab. However, there were frequent times in the afternoon when I was the only technician present.

Hospital Administrator
Tripler Medical Center
March 9, 1987
Page 2

On March 3, 1987, I submitted an application for leave form, SF 71, for three days annual leave, three weeks in advance. I have accumulated 17 days of annual leave. In the year I have worked there, I took only one day of my annual leave and five days sick leave. Upon giving my application for leave to Sgt. Williams, she immediately told me that she could not find anyone to cover my shift. Then she handed me back the application. I took the application home and noticed that on the bottom of the application, it states that the official action should be to sign and to approve or disapprove the leave request. Neither was done. The next day, I talked to the civilian supervisor that I wanted to ask Sgt. Williams for an official action (signature). The civilian supervisor took the application and said she would get the signature and reason for the disapproval. That same day, Sgt. Williams handed me the application unsigned and told me to wait until the following Monday because the military girl was scheduled to go to PT the week of my requested annual leave. Whether or not my leave would be finally approved does not excuse the unprofessional rude conduct of a supervisor. I have found that several other civilian personnel in the lab were disapproved leave many times. Whereas a co-worker who is a military dependent was granted two months leave time because her father died suddenly as compared to the civilian personell's mother died and was not granted annual leave aside from her funeral leave to take care of family affairs. Another example is another military dependent was granted leave to go to Maui in February.

The aforementioned instances are just bits of this troubled workplace. I had originally meant to stay on the job in order to obtain retirement benefits, however due to the lack of proper supervision, control and monitoring of work conditions, I feel I am no longer able to continue employment at Tripler Medical Center. It has been the most STRESSFUL work experience in all of my 25 years as a medical technician. Having been previously employed with the U.S. Public Health Service, I have worked in a military-civilian type atmosphere before and have never encountered such discouraging incidents in regard to working relationships. I, therefore, am forced to resign myself from your employ and would like an investigation be conducted for unfair working conditions and mismanagement in the Out-patient lab.

Sincerely,

Lily M. Ho
Lily M. Ho
Lily M. Ho
Medical Technician, GS-4, Step 10
99-856 Halawa Dr. Aiea, Hawaii 96701

cc: The Honorable Daniel Inouye, U.S. Senator
The Honorable Spark Matsunaga, U.S. Senator
The Honorable Patricia Saiki, U.S. Representative
The Honorable Daniel Akaka, U.S. Representative
Dr. Hill, Chief of Pathology
Sgt. Diane Williams, Out-Patient Laboratory

Dear Senators,

I have enclosed a letter that I wrote to Senator Matsunaga in November of 1983. I never sent the letter as I had written it in anger but kept in my files (why I don't know). At any rate it seems appropriate at this time to resurrect it because of your committee's hearing and because things have not gotten any better - what is better is our knowledge of the severity of problems faced by Vietnam veterans in their personal lives and in their efforts to seek assistance. When I wrote the letter we had identified a half dozen Vietnam veterans on Molokai, we now know of at least 30 - and there are others. Molokai is a rural community with many isolated areas where it is possible to get away from people and live off the land. It is perfect for veterans who feel they are different, who are afraid of their own impulses, and who feel the need to isolate themselves. So veterans have come here to "get away."

In the last year the situation has improved for some of the veterans as Crawford Rehabilitation Services has sent a vet counselor to Molokai weekly under a Federal contract. While the counselor's work has effected great positive change in the lives of the veterans he has serviced, it has also revealed the severity of problems that plague the veterans. Along with PTSD the veterans have been plagued with spouse abuse, child sexual abuse, drug and substance abuse; they are under constant financial stress; their family lives have been quite chaotic and thus other members of their families i.e., children and spouses have developed difficulties. Thus not only veterans are in need of assistance but their families as well - there is just too much to do for the one counselor from Crawford. There is a desparate need for services on the outer islands. And, as my letter below emphasizes, a need for an attitude change on the part of the VA. They need to be concerned with providing services, not meeting bureaucratic procedures.

MAHALO,

Glenn S Izawa

GLENN S. IZAWA, SW
Molokai Mental Health Service
P.O. Box 230
Kualapuu, Molokai, HI 96757
Phone: 567-6161

GEORGE R. ARIYOSHI
GOVERNOR OF HAWAII

GEORGE A. L. YUEN
DIRECTOR OF HEALTH

SIDNEY B. CLARK, M.D.
DISTRICT HEALTH OFFICER

STATE OF HAWAII
DEPARTMENT OF HEALTH
MAUI DISTRICT HEALTH OFFICE
MAUI COMMUNITY MENTAL HEALTH CENTER

1 Nov 83

The Honorable Spark M. Matsunaga
109 Hart Building
Washington, D.C. 20510

RE: [redacted]

Dear Senator Matsunaga,

I am writing in regards to [redacted] and his quest for service from the Veterans Administration but additionally - on behalf of those other Vietnam era veterans on Molokai who suffer in varying degrees the same emotional disorder as [redacted]'s, i.e., Post-Traumatic Stress Syndrome, secondary to combat experience in Vietnam. Their numbers are small, perhaps a half-dozen, but their difficulties ought not to be minimized. They suffer flashbacks, uncontrollable rage impulses, sleepless nights, periods of intense agitation requiring major tranquilizers. They have abuse their wives and children, have difficulty gaining and maintaining a job, gotten in trouble with the law and have reputations for violence. In most cases, because they fear the harm their explosive violence might inflict on others and because they thought they were going crazy, the veterans have led withdrawn, seclusive lives - a private hell for 10 years or more.

It is ironic then if not tragic, that as we belatedly begin to recognize the connection between the veteran's difficulties and service in Vietnam, that the veteran must again "fight for his own survival." This time the enemy is the bureaucracy that obstructs, if not denies, the veteran benefits or services he deserves. [redacted] probably has a reputation with the Hawaii VA offices as a violent troublemaker but that is only because of his tenacious determination to secure benefits and services he feels are his due. Other veterans have quit in frustration, anger and disgust.

We are not requesting anything specific e.g., review of disability rating or eligibility for certain services - we ask for a change in attitude. To explicate, let me pick on you so you might better understand - both you and Bob Winters, VA Director close your letters to [redacted] with something like "contact the VA outpatient clinic for assistance." This is an insensitive brush-off. The VA outpatient clinic is in Honolulu - not much they can do for a veteran in crisis on Molokai. And when arrangements for services are made, the veteran often finds himself referred from one office to the next, that his appointment has been rescheduled - 3 hours later, that the doctor he talked to earlier is no longer with the VA and no one knows a thing about his case.

These veterans are difficult to work with - they are impulsive, quick to anger, and physically intimidating. But not to work with them, to hide behind bureacratic procedures or definitions of services e.g., the outpatient clinic is available to [redacted] (but not very accessible), serves only to frustrate the veteran further and make dealing with him more difficult. For now, [redacted] and his wife are working on what can be done here on Molokai for themselves. But - we hope to set the stage for more productive communication between veterans and the VA, to change the antogonistic, adversarial relationship between Veterans and the VA. To this end we ask that you visit Molokai the next time you're in Hawaii, listen to the veteran's complaints so you might understand their perspective, and hoepfully then intervene to change the climate between the VA and veterans.

I have written in anger at times in this letter because 1) I'm a veteran myself and know how frustrating a bureaucracy can be; 2) feel as other vets do: the draft dodgers got amnesty, the hostages free cars and life passes to Disneyland, the Vietnam vet gets kicked in the teeth and swept under the rug because the rest of America doesn't want to be reminded of that "unpleasantness" but 3) most of all to prepare you for some angry people that are not satisfied with "contact the VA outpatient clinic."

ALOHA,

Glenn S. Izawa

GLENN S. IZAWA, PSW
Molokai Mental Health SErvice
P.O. Box 230
Kualapuu, Molokai, HI 96757

Robert A. Kahakalau
85-787 Kaupuni Place
Waianae, HI., 96792
(808) 696 6855

Sen. Spark Matsunaga
109 Senate Hart Building
Washington, D. C. 20510
(Att: John Tegami)

23. March 1987

Dear Senator Matsunaga:

I sincerely and whole heartedly believe that Honolulu, Hawaii is sorely in need of a Veterans Hospital. Not so much by way of the ' numerous complaints from Hawaii veterans about the poor quality of care at Tripler Hospital ' that you have received (Star-Bulletin 10. March 1987), but more by way of the apathy and apparent stagnation of the services rendered by the Veterans Administration's Out Patient Clinic, Federal Building - Honolulu, Hawaii; as they have been, and as they are at present.

However, the purpose of this statement is not to belittle or denigrate the VA's Out-Patient Dept., or their operational methods, but to promote and advocate the need and necessity for a decent Veterans Hospital on the island of Oahu, for all veterans.

Contrary to some complaints you may have received from other veterans, I, personally, am grateful and thankful that there is a Tripler Hospital. Especially so, when I was ambulated to the Emergency Room at Tripler with a kidney stone attack, 24. August 1986. And my thanks, praise, and respect to Dr. Gazenski who treated and cared for me in the E-R, and to Dr. Kennon, who did the "follow-up" on my case.

From my experiences and observations, during the past five or six years of my medical care, I've noticed the absence of a harmonious rapport between the Tripler facilities (Mil.) and the VA facilities (Civ.). Much, and most, of the dissonance seems to be created by, and stem from, the required paper work necessary for 'tests', 'exams', 'admittances', etc., for the veteran, for which, in all fairness, the active military and their families have priority. In consideration of Tripler's heavy work-load, covering the varied and numerous service personel, here in Hawaii, it is quite understandable. And considering the inability of the regional VA's Out-Patient-Clinic to properly cope with and care for the numerous veterans' medical needs and care, it should, also, be understandable, how dire the need for the veteran's own Hospital and Rehabilitation facilities.

I am sixty-five years old, a blinded veteran (WW-II), with a disability rating of 100%. I, for one, find the Out-Patient facilities of the Reg. Hon. VA Clinic, inadequate for my particular needs and requirements, and I am strongly in favor of a Veterans Hospital on the island of Oahu for the veterans who abide in the State of Hawaii.

Mahalo for your Time and Concern.

Aloha

RAK/fk

Robert A. Kahakalau

RECEIVED APR 8 1987

05 April 1987

The Honorable Senator Spark M. Matsunaga
Senate Committee on Veterans Affairs
Honolulu, Oahu Hearing

Subj: Veterans Care for Outer Islanders

Statement from: Sebastian B.I. Kahakua
P.O. Box 4894
Hilo, Hawai'i 96720

Dear Senator Matsunaga:

Thank you for giving me this opportunity to express my personal views to you on the above subject. Being of a passive nature, I've been patiently waiting for my Government to investigate the health and readjustment counselling care we "Outer Islanders" receive. At times, my passiveness limits were stretched. Faith in my Government wavered. But, with this Hearing coming up, confidence for my Government has returned. Thank you for restoring my belief.

The following is a list of complaints and concerns that plagued we "Outer Islanders":

1. Communicating with Honolulu is [illegible] mostly phone or correspondence. A very impersonal method of exchanging/seeking [illegible] & information.
2. The anxiety of travelling. [illegible]; crowds; waiting; cost.
3. The stress of leaving our [illegible] shelter, our "bush".
4. The inconvenience and again, stress of family seperation if hospitalised.
5. Babysitter, transportation & [illegible] cost.
6. The processing run-a-round; misplaced/lost correspondence, file, records.
7. The ill treatment received. Treated like 2nd class Veteran/citizen.
8. Personal physician's diagnosis not recognized.
9. The Freedom of Information Act is only partially acted upon.
10. Prescriptions take two weeks to be filled.
11. Much dissatisfaction & concern about PTSD care, readjustment.

The list continues, but it would take up to much of your valuable time listing them all. My main concern is for improving health and readjustment programs, yet, keep the cost within certain limits. I was requested to travel to Oahu on a VA TR for rehabilitation counselling. For this 15 minute session, my cost would have been 20.00 for taxis & lunch, and my anger extreme. I refused the request. Later a counselor visited Hilo....? I seen him than.

To understand our Outer Islanders situations, sit in on one of our Rap Session.....

We did our job when called upon..., Please answer our call now.

God bless and with deep respect,

Sebastian B.I. Kahakua

March 24, 1987

U. S. Senate Veterans Affairs Committee
Senator Matsunaga
109 Senate Hart Building
Washington, D.C. 20510

Dear Committee Members:

The care and medical treatment that I have received as a disabled veteran has been outstanding and efficient at Hawaii's Veterans Administration Outpatient Clinic. I have received this good service since 1973 when I left active duty and went on reserve duty. There have been different physicians, nurses, and clerks but the attitude has never changed; i.e., friendly, efficient service. I'm sure that the patient has a lot to do with the good service. If a patient makes and keeps appointments, things will go smoothly.

I am against eligible veterans receiving medical treatment for non-service-connected conditions unless they pay for such extra service. They must have at least one service-connected condition before they would be able to receive consideration for other treatment on a fee-for-service basis. This extra service would only be given after veterans with service-connected conditions are treated.

Hawaii is going to get a VA long-term care facility at Tripler Army Medical Center. In order to protect the rights of each patient, the State Long-Term Care Ombudsman should have full authority to have access to the facility, patient, and records to investigate any complaint. It is a logical extension of coverage for the Long-Term Care Ombudsman to provide services to the patients in federally-operated facilities located in our State.

If you have any questions, please call me a (808) 548-2593 (business) or 734-3297 (home). Thank you.

Sincerely,

Rod Kuba

Rodney M. Kuba, Major
USAFR
2324 Kipona Place
Honolulu, Hawaii 96816

P. O. Box 919
Kaunakakai, Molokai
Hawaii 96748
Tel. # 808 553-3475
March 27, 1987

Senator Matsunaga
Senate Veterans Affairs Committee
418 Russell Senate Affair Bldg.
Washington, D.C 20510

Dear Senator Matsunaga:

First of all I would like to thank you for the opportunity to speak and in return you'll have the opportunity to listen to a concerned veteran.

Second, I would like to inform you that we on Molokai did not hear about this meeting. I found out thru another veteran who called me. May I suggest that you advertise in the local media, i.e. Molokai Times or Molokai Dispatch.

My name is Robert Louis McKee Jr. I am a veteran of the Vietnam war. Why do we not have a traveling team like Maui? Remember, Maui County is Maui, Molokai and Lanai. We on Molokai are in much need of Doctors, Psychologists, Psychistrist, Loan Officers, Veteran Counselors, and a better relationship, clear and free of the uncertain feelings that are ever present between the Veteran Administration and the Vietnam Vet. If the traveling team can travel to Maui than what is one more stop to Molokai?

Why do we have to fight for everything that we want and need? We, as Veterans of Vietnam deserve everything that is due us and more. If you can give amnesty to the draft dodger and welcome them back home then surely you can give more to the veterans that fought for this country.

I am Hawaiian and part white. Alu Like will pay for my tuition and so will the state. What happened to the country that I served with honor? When will we be honored and recognized? When will the government finally say to us, "Well done troopers, thank you for your loyalty". But instead, we have this ongoing battle with the V.A., who should be representing and helping us achieve our goals thru service, support programs but are not. And I believe that's the whole purpose of this hearing.

A lot of you wonder why the war is not over for some of us. It's because you won't let it be over! Give us the G.I. Bill back so we can go to college and get a degree, or trade school for those of us who want to further our interest and broaded our abilities. The government channels monies all over the world for National Defense to so called allies. Do you thing that the Contras or our Nato allies will come to our aid in time of need? The Vietnam vet will so take care of your National Defense.

You told me that you would take care of me when I put in my 3 years. Well Sir, here I am ...... Help me! Help us!

Thank you for your time and ears. God bless you and all veterans.

Sincerely yours,

Robert Louis McKee, Jr.
ROBERT LOUIS McKEE JR.

April 1, 1987

From: Legislative Chairman, Aloha Chapter 1, Pearl Harbor Survivors Association

To: Senate Veterans Affairs Committee, U. S. Senate

Subj: Veterans' concerns in Hawaii, Testimony regarding

1. Background. There are approximately 120,000 veterans in the state of Hawaii; with their family members the figure would be approximately 400,000--almost 40% of the total population of the state. All of these veterans who served in World War II or earlier or above the age of 62 years (which is true of all of Pearl Harbor survivors). There are no veterans care facilities in Hawaii; the care at Tripler Army Medical Center is limited for retired veterans; and service-connected disabled veterans are in the lowest priority for care. Soon the Memorial Cemetary of the Pacific (Punchbowl) will have no further room for body burials.

2. Information. Members of Aloha Chapter 1, PHSA are concerned about the lack of veterans long range care facility in light of the rapid approach of their antiquity. A second concern--especially among the retirees--is the unavailability of dental and eye care at TMAC. This writer testifies to the fact that it took six months to get to see an ophthamologist on one occasion and was turned away on a second occasion. In the latter case, the Veterans Administration contracted for a civilian ophthamologist to give an examination. Dental care is available only in case of emergencies at all military facilities unless the patient wishes to "park" at a facility hoping someone does not show for an appointment. A third concern is facing the possibility of having

to transport deceased veterans to Rivierside, California for body burials after the Punchbowl Cemetary is full.

3. Request. It is respectfully requested that the Senate Veterans Affairs Committee (some of which are veterans yourselves), remembering the service rendered by veterans to this great country, take steps to make provisions through the Veterans Administration to take care of the immediate and long range concerns listed above.

Joe H. Morgan
LCDR, CHC, USNR-RET
AB, MDiv, DMin

Tetsuo Okihiro
99-451 Pilikoa Street
Aiea, Hawaii 96701

March 23, 1987

The Honorable Sparky Matsunaga
109 Senate Hart Building
Washington, D. C. 20510

Attention: Mr. John Tegami

My dear Senator:

I am a disabled veteran of the 100th Infantry. Until 1975, I was receiving Veterans Administration Benefits (pension). My file number with the Veterans Administration is C-3 977 034. On January 1, 1975, those beenfits were terminated. Enclosed is this notification of such termination.

I have been informed that I, and many others like me, can no longer receive compensation because of changes or amendments to the law or to Veterans Administration regulations.

Having been unable to work since 1969 because of disability, the significance of losing those benefits can be well understood. I presently have Panvasculitis of Disseminated Lupus Erythematosis, Rheumatoid Arthritis, active Pulmonary Tuberculosis, and loss of hearing. Loosing such benefits has caused a financial strain because I am no longer able to obtain my medication and hearing aid equipment through the Veterans Administration.

In this time of inflation and economic strain, removal of these benefits have had a severe effect on me and my family. As your constituent and as a fellow veteran, whatever assistance you and the U.S. Senate Veterans Affairs Committee can provide me, and many others, in reinstating those benefits will be forever appreciated.

Very truly yours,

Tetsuo Okihiro

TETSUO OKIHIRO

Enclosure

24

VETERANS ADMINISTRATION
P. O. BOX 3198
HONOLULU HAWAII 96801

E3

JAN 6 1975

IN REPLY REFER TO: 21/24

TETSUO OKIHIRO
99 451 PILIKUA ST
AIEA HI
96701

FILE NUMBER:
C- 3 977 034
T OKIHI

YOUR AWARD HAS BEEN AMENDED TO TERMINATE YOUR PAYMENTS 01-01-1975 BECAUSE YOUR EXPECTED INCOME EXCEEDS THE LIMIT PROVIDED BY LAW.

THIS IS BASED ON OUR DETERMINATION THAT YOUR NET COUNTABLE INCOME FOR 1975 WILL BE $4688. WE CONSIDERED YOUR EXPECTED INCOME FOR 1975 OF $0 EARNINGS, $3296 SOCIAL SECURITY, $1321 ANNUITY, $325 OTHER SOURCES, YOUR SPOUSES $4012 EARNINGS, $0 SOCIAL SECURITY, $0 ANNUITY, $325 OTHER SOURCES, AND ALL ALLOWABLE EXCLUSIONS AND DEDUCTIONS INCLUDING YOUR REPORTED UNUSUAL MEDICAL EXPENSES OF $580. THIS REFLECTS THE PROVISIONS OF THE RECENT LAW, EFFECTIVE 1-1-75, WHICH ALSO RAISED ALL ANNUAL INCOME LIMITS BY $400.

IF YOUR ANNUAL INCOME NOW OR AT ANY FUTURE TIME IS LESS THAN YOU HAVE REPORTED, NOTIFY THIS OFFICE SO THAT YOUR CLAIM MAY BE RECONSIDERED AND PAYMENT CONTINUED OR ADJUSTED AS APPROPRIATE.

VETERANS ADMINISTRATION

IMPORTANT - SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

Show veteran's full name, VA file number, and social security number on all correspondence.

VA FORM APR 1973 21-8332a-4

★ U.S. GOVERNMENT PRINTING OFFICE: 1973-[illegible]

TERRANCE W. RHOADES, PH.D.

DS [illegible]

'87 APR 13 A11 :09

April 8, 1987

Hon. Spark M. Matsunaga, Senator
Prince Kuhio Federal Bldg., Room 3104
Honolulu, Hi. 96850

Re: Kona Vietnam Vets

Dear Senator Matsunaga:

As a psychologist in the Kona area of the Big Island, I have been seeing Vietnam Vets in group and individual therapy. Aware of the hearing in Honolulu next week, I would like to support the Vets in West Hawaii in their attempt to have more services available to them here. Because the climate and rural quality of the Big Island appeals to the Vets we have hundreds here on our Island. But services are meager, e.g., even if a Vietnam Vet has a medical card from the V.A. because of having a 30% or greater disability from the war, he can find no physicians to service him in Kona. The nature of the Post-Traumatic Stress Disorder from which they still suffer makes it extremely difficult for the Vets to reach out for help. An on going center, even of quite modest proportions, would allow the Vets I work with to establish a place from which to reach out and help those Vets who stay hidden but need services to prevent medical or psychological deterioration. I am appalled that the current administration in Washington tries to channel funds to Nicaragua and questionable defensive spending without truly supporting the soldiers who were sent into a war in the past which continues to have destructive impact on their lives.

I urge you to support Vietnam veterans throughout our country. Also, I urge you to attend to the needs of Vets on he Big Island, which has more Vets and less funding than other Islands like Kauai. There is much, much more I could say. Our Vets will express themselves in other letters to you. Feel free to contact me if I can provide further information regarding this issue, which the nation is now facing (as shown by Platoon's winning the Academy Award) and should be willing to fund.

Sincerely,

Terry Rhoades

Terrance W. Rhoades, Ph.D.
Psychologist, Licensed Hawaii

[illegible] ALII DRIVE, SUITE [illegible] KAILUA-KONA, HAWAII 96740 TELEPHONE [illegible]

441 Kanekapolei St, 303
Honolulu, HI 96815
March 24, 1987

Hon. Sparky Matsunaga
109 Senate Hart Building
Washington, D.C. 20510
Attn: Mr. John Tegami

Dear Senator Matsunaga:

Reference U.S. Senate Veterans Affairs Committee hearing, I submit the following testimony, regarding my experience in health care for veterans in Hawaii.

I am a World War II veteran and have since served 20 years creditable service in the United States Army Reserves. Upon reaching the age of 60 on February 5, 1987, I was retired and became entitled to medical privileges. I am a life member, and the service officer of Veterans of Foreign Wars Post 2875 in Hawaii.

On March 4, 1987, I called Tripler Medical Center to schedule a physical examination for myself and my dependent spouse, Jeanne. I was told that there is a waiting period for physicals, at this time, of approximately one year and so I asked to be placed on the waiting list. I am sure you will agree with me that one year is too long a period of time to wait, and I request your committee look into this matter, with the aim of improving health care services for all veterans here in Hawaii.

Please send me a copy of the hearings, when available.

Very truly yours,

Francis X. Rodd

Francis X. Roddin
Sgt. Maj. USAR (Ret)
062-20-2533

'87 MAR 25 PM 3:07

KONA COMMUNITY FRIENDS
FOR THE MENTALLY ILL

Veteran's Affairs Committee
Rm. SR 414
Russell Office Bldg.
Washington, D. C. 20510

March 20, 1987

Apt.205, 75-5766
Kuakini Hwy.
Kailua-Kona, Hi. 96740
Phone: *808* 329-8965

Attn: Senator Spark Matsunaga

Re: April 14, 1987 hearing in Honolulu

Gentlemen:

You have chosen a hard task for yourselves in reviewing veteran's concerns in Hawaii. But one which is long overdue.

You requested input from veterans. I would like to bring two separate cases to your attention. One veteran whom I shall call Jerry, is now dead. He was my ex-husband and we continued to be friends. The other I shall call Mike, who is my son now age 42. Both men were adjudicated as experiencing non-service connected illnesses. Jerry can not speak for himself. Mike cannot speak for himself because he was diagnosed at age 23 as having schizophrenia and would be permanently disabled. No one knows the cause or cure of his illness but it is presently seen as a biochemical disturbance in the brain's neurotransmitters which prevents orderly thought sequence.

Let us look at Jerry's treatment at Tripler Hospital where he died on 9/22/84 of what was diagnosed after death of Amytrophic lateral sclerosis (Lou Gehrig disease), a terminal illness in which the muscles cease to function.

Jerry's strength was failing and he exhausted all his financial resources here on doctors who could not define his ailment. After many weeks of trying he was able to go to Tripler where he felt the facilities would be more thorough. They didn't want to accept him but I and our sons pestered them with phone calls from Alaska until they did. It was too late. By then he could hardly walk nor breathe and his right hand was paralyzed. I joined him there when I came back from our former home in Alaska. I was perplexed, shocked and confused at their treatment. Our youngest son was notified and he arrived soon. By then Jerry had been in and out of intensive care, submitted to a lengthy myelogram during which he passed out one or two times. Sent back to an open ward where he stopped breathing during the night. He was revived and sent back to intensive care where he remained in a coma for three weeks and classified as brain dead, where he expired. Our sons wanted to sue Tripler, but later decided they could not financially take on the whole government operation. To us, it appeared to be a case of wrongful death.

When a patient goes into Tripler, one must deal with many doctors, nurses, technicians, the chaplain and social service worker.

I cannot speak for our sons, but my view of Jerry's treatment was quite negative, thusly,

1. No family housing was available close to the hospital. One had

P. O. BOX 392 • KEALAKEKUA, HAWAII 96750 • 325-7625 or 329-8965

to take a two-hour trip on the bus from hotel to Tripler, or a $22.00 round trip by taxi.

2. No one doctor seemed to be in charge. You had to deal with each doctor as they came on shift.

3. No one doctor gave us options for treatment, prognosis, etc.

4. Tripler's records are fuzzied up. After his death they sent the family a letter saying Jerry was eligible for a VA pension of $60 or so.

In conclusion, I consider Tripler to be a giant complex of teaching doctors who water down their treatment by accepting families, pregnant women, children, and the whole system seemed to me to be inhumane.

We come now to Mike's situation. During his second year after discharge he was diagnosed at the VA facility in Anchorage as not ever being able to work. That was all the family was told, since as an adult his records are considered confidential. He was given a pension of $72.00 a month. At that time, 20 years ago, knowledge of the illness was scant and the primary medication was and still is major tranquilizers to keep the brain's functions from racing, to help the hallucinations, voices, and paranoia. Many ignorant folk thought these young people were bombed out on street drugs. Not so.

Mike is one of the fortunate few: he has family who care about his welfare and he now receives an addition $370 a month from Social Security. But the only "free" medical help he receives is for eye care. From his total monthly income of 442 he must pay out each month about $93.00 for Prolixen - an anti-psychotic medication - which keeps him fairly stable. The side effects are considerable - mostly muscle stiffness, change in appetite, sleeping, etc. This leaves a monthly sum of $349 for food, clothing, rent. The main reason he goes off medication is because he simply cannot afford it and eat too. Mentally ill people often disappear into the cracks of the system. Or they commit suicide, so they won't continue to be a burden to their families, or they just can't think straight. Most of them are not "violent" but introverted.

We need more brain research. Alzheimer's disease and Parkinson's are also mystifying diseases. No one is "to blame". We need medicines brought to a level where they can be purchased. We need cheaper housing or group homes, or half-way houses for patients coming out of institutions. We need HELP.

These two men gave their country at least three years of their lives - their lives were laid on the line for their country. It is a shame they are reduced in later years to poverty situations.

I say for these men, and many others like them, as Isaiah said in Ch. 49, verse 4, "I have laboured in vain; I have spent my strength for nothing, to no purpose."

Cordially,

Jeanne A. Silides

Jeanne A. Silides
Parent-Advocate

94-516 Loaa Street
Waipahu, HI 96797

March 26, 1987

Honorable Spark Matsunaga
109 Senate Hart Building
Washington, DC 20510

Attn: John Tegami

Dear Senator Matsunaga:

This letter is in reference to your U.S. Senate Veterans Affairs Committee hearing on health care for Hawaii military veterans, April 14, in Hawaii.

As a 30 year retiree from the U.S. Air Force I have been receiving health care at the Tripler Army Medical Center Hospital that provides care for military active duty, retirees and veterans in Hawaii and other Pacific locations.

Because of a recent change in Tripler procedures, military retirees requesting an appointment is placed on a waiting list. As soon as monthly appointment lists are opened, long waiting periods are experienced reaching appointment clerks only to be put on a waiting list. With this system it is inevitable that the doctor's appointment schedule is filled and possibly retirees may be called only when appointments are cancelled.

As you are aware, justification for the extensive renovation of Tripler Hospital included the number of present and future military retirees served. Without this count it is doubtful if the large appropriation would have been approved. Therefore, I do not believe military retirees should be delegated to a waiting list for the health care benefit that was publicized throughout their career as an inducement to continue in the service.

Thank you for permitting me to express my feelings to your much needed hearing on this subject.

Respectfully,

Crawford F. Sullivan

Crawford F. Sullivan
CWO-4 USAF (Ret)

Diana Thompson   237-7062
53-049 Kam Highway
Punaluu, Hawaii 96717

My husband was put out on the street 3 times in less than 36 hours with menengitis and after a seizure by Tripler. (The seizure happened in the middle of the night)

(1) Tripler did not wait for test results or to see if transportation was available. They gave him pain medicine that resulted in huge welts over 80% of his body and refused to admit him.
He was so ill the first time they did not admit him that it took almost 4 hours to get home because he could not remember which bus to take.

(2) I sent him back by ambulance and they dumped him back on the street - it took him until midnight to get home.

(3) I called the VA the next morning and they had me send him to them - they then sent him back to Tripler who released him about midnight. (after the last bus)
They told him he could not stay in the waiting room or he would be put in jail.
He decided that he was too sick to care and slept in the waiting room.
The receptionist called me and after I talked to her - she made arrangements for him to finally be admitted to Tripler.

The spinal tap resulted in a diagnosis of menengitis.

To The Honorable Senator Matsunaga:

Veterans who are 100% disabled: i.e.: paraplegics, paralyzed from the waist down, men with inoperable colostomies, men with no legs are in a very real sense being discriminated against because they have to revalidate their i.d. cards every two years. This demeans them. Why not issue i.d. cards with the words indefinite on them. This could save many thousands of dollars country wide as well as in Hawaii. It appears that the Inspector General of the V.A. is not doing his job as well as he could. This could easily be implemented and save money for the taxpayers.

Ralph H. Woolsey, Jr.
Senior Vice Commander
Gaylord Dillingham Post 4951 V.F.W.
Honolulu, Hawaii

2085 Ala Wai Blvd., No. 172
Honolulu, Hawaii 96815
#923-3247

Regional Office

P.O. Box 50188
Honolulu HI 96850

Veterans
Administration

March 24, 1987

In Reply Refer To:
359/122

Honorable Spark M. Matsunaga
United States Senate
ATTN: Mr. John Tagami
Legislative Assistant
Washington, D.C. 20510

Dear Senator Matsunaga:

We are pleased to provide the following statement in preparation for the Senate Veterans Affairs Committee hearing scheduled for April 14, 1987. William J. Vandervort, M.D., Clinic Director, has asked me to address the issue of nursing home needs and community care aspects of the long-term care needs of Hawaii veterans.

Any discussion of nursing home and community care needs must be put into context of continuing comprehensive health care, to be meaningful and effective.

Our overall proposal calls for full range of services available to the mainland counterparts. It includes an inpatient geriatric evaluation and care unit (GECU); rehabilitation, skilled, and intermediate nursing beds; a psychiatric/medical nursing care unit (there is no skilled nursing facility equipped to care for this group currently); and, respite and hospice beds.

As mentioned in our earlier correspondence dated June 16, 1986 to your office, our veterans currently receive acute care at Tripler Army Medical Center (TAMC) on contract. The veteran is then sent to a community nursing home under contract with the VA with the difficulty of ensuing in moving from the VA system for outpatient care to the Army system for acute care then to a contract state or private system for nursing home care. It is obvious that continuity of care is difficult, if not impossible, to maintain in such a fragmented delivery of service under three or more separate systems.

Veterans are considered to be the lowest in priority at TAMC due to the Army's mission. The highest priority goes to the active military, second to their dependents, third to retirees and their dependents, and finally, to VA beneficiaries.

Although every effort has been made to coordinate discharge planning with TAMC staff, the services have been less than satisfactory.

Consistent staffing shortage combined by the fact that direct services to veterans in social work service have been provided by behavior specialists inadequately trained nor equipped to give the kind of direct professional social work services required. Professional social work services are provided in all other state and private hospitals in the community. The acute shortage of professional staff supervising the specialist has compounded the situation.

Quality of care provided under VA auspices with JCAH accreditation with university affiliations is superior to contract facilities. Only one of our private proprietary community contract homes has had JCAH accreditation. Even this facility has chosen not to renew accreditation as criteria are deemed to be excessively high and not cost effective. Four other facilities accredited are part of community and state hospitals on the outside islands.

With the VA nursing home beds, coordinated efforts can be made to discharge patients into the community and maintain them in the community with outpatient care and utilization of community resources and support system.

With the full range of inpatient and outpatient capabilities, inpatient stay can be shortened with a greater turnover. Focus will be to retain veterans to the least restrictive environment in the community and maintain him/her as long as possible.

The residential care home program is already in place for care of veterans with medical problems requiring assistant in adult daily living who can no longer manage independent living. This program was developed originally to care for psychiatric patients but now serves to care for 39 veterans out of 143 in placement. Since May 1985, the number of veterans with physical and medical problems placed has doubled. It is anticipated that we will continue to see an increase in the number of older veterans requiring residential care placement.

National and state statistics project two percent (2%) of those who require institutional care are at home with a caretaker, primarily a family member.

VA presence will enable the caretaker to have respite inpatient care to prevent the "burn out" phenomenon and to enable continued care of the veteran at home for a longer period of time. The quality of life is immeasurable which will also contribute to cost effectiveness.

I would also like to add the following pertinent data/information to point out the needs of our veterans and the inequities Hawaii veterans experience compared to our mainland counterparts.

Honorable Spark M. Matsunaga

1. Hawaii's population of elderly is growing at a rapid pace with our state boostering the highest longevity in the entire country.

2. Projected population growth indicates 13,700 veterans ages 65 and over in 1985 increasing to 29,540 veterans ages 65 and over by the year 2,000 (source: VA Office of Information Management and Statistics; State Department of Planning and Economic Development).

3. A Harris Survey conducted by the VA Survey of Aging Veterans (RSM 70-84-3) cites three percent (3%) to four percent (4%) per 1,000 veterans are institutionalized from three months or longer each year. This will bring a low figure of 411 veterans or a high figure of 548 potential veterans requiring institutional care. By the year 2,000, a low estimate of 886 veterans will require institutional care.

4. A random survey of 8 out of 15 nursing homes on Oahu in March 1987 showed 47 veterans in the homes. Our current ceiling is 14 beds. Since eligibility for VA community nursing home placement is dependent on veteran beneficiary status in the hospital, the above statistic demonstrates the fact that veterans are choosing not to use TAMC. We have also had numerous telephone calls from families of veterans who had exhausted private insurance coverage and asked for nursing home care only to find that they were not eligible because their hospitalization was not paid for by the VA. The suppressed need is obvious but planning and funding based on usage will not show this need.

5. Hawaii is one of the only two states in the union without a medical center or an inpatient facility. Six other states with far less veteran population enjoy one or more medical centers. As an example, South Dakota with a veteran population of 79,000 compared to our 101,800 has a medical center with 75 nursing home beds (source: Summary of Medical programs, 7/86, VA publication).

Our plans for VA nursing home needs are clearly valid. We will continue to augment the need with community nursing home contracts as with other VA medical centers. This program will especially meet the needs of outside island veterans who would wish to remain in their respective island for family and friends to visit them.

A large majority of our veterans who would not utilize VA health care in the past will need care as they become part of the elderly requiring long-term care. They will no longer be able to afford private care since none of the private insurance includes long-term nursing home care and cost is prohibitive for private care except for the privileged few.

Hawaii veterans who have had very limited VA health resources of only outpatient care over the years surely deserve more.

We look forward with great anticipation for a VA long-term care facility for the State of Hawaii to enjoy equity with, at last, the rest of the country.

Sincerely yours,

Tsuneko Apaka

TSUNEKO APAKA, ACSW
Chief, Social Work Service

cc: Director, VA Regional Office/Outpatient Clinic, Honolulu, HI
Clinic Director, VA Regional Office/Outpatient Clinic, Honolulu, HI

122/122 TA:lka

Regional Office
P.O. Box 50188
Honolulu HI 96850

Veterans Administration

March 30, 1987

In Reply Refer To:
359/11

Honorable Spark M. Matsunaga
United States Senate
Washington, D.C. 20510

Dear Senator Matsunaga:

SUBJECT: Senate Veterans Affairs Committee Hearing, April 14, 1987

At the request of William J. Vandervort, M.D., Clinic Director, Honolulu Veterans Administration Outpatient Clinic, I am writing concerning the health care needs of Hawaii's older veterans, especially with regard to long-term care. The following comments are addressed to you from my perspective as a resident of the state of Hawaii, staff physician, and geriatrician at the Honolulu VA Outpatient Clinic, geriatrics consultant to the Tripler Army Medical Center, Chief of the Division of Geriatric Medicine at the John A. Burns School of Medicine, University of Hawaii, but most importantly, as a physician who has decided to devote her career to the care of the elderly in Hawaii and to training other physicians to do the same.

The development of the VA in Hawaii should focus on three special aspects. First, there should be a centralized coordinated continuum of care services. Secondly, the services should be strongly affiliated with the University of Hawaii for training of health care providers. Thirdly, there should be an emphasis in research which takes advantage of the opportunity to study a multi-ethnic population.

Older Veterans. Older veterans make the heaviest demand on acute and long-term care health services and because of their service-connected disabilities or their low income levels, they are more likely to fall into the highest priority classes for health care benefits. They are also likely to be financially needy. As you know, 95% to 97% of veterans who use VA services fall into the categories of service-onnected veterans, prisoners of war, or Class A priority based on means testing.

Everyday, I see elderly people in Hawaii who cannot afford the very basic human needs of food, shelter, and health care. There is a common misconception that the cultural influence of filial piety in Hawaii translates to families caring for their elderly with less reliance on public services. While that is a cultural ideal, and does occur in some cases, the actual situation for many of Hawaii's elderly is quite different. A number of elderly Hawaii veterans have no children at all or no children who live in the state. Some have outlived their family or have only a spouse who is also frail and elderly. As for the lucky patients with children in Hawaii, the traditional caregiver, the daughter or daughter-in-law, probably has a full-time job. Fifty-seven percent (57%) of Hawaii's working age women are in the labor force, one of the highest percentages of any state.

Hawaii's elderly people are usually poor and cannot afford to purchase needed medical services. Their present financial state is not because of a lack of diligence or as a result of squandering their funds, but because of the high cost of living on meager fixed incomes. Further, the present elderly are the victims of previously inadequate pension laws and heavy out-of-pocket health care expenses. Many have been hard-working people who have contributed to the development of the state and who have served their country well. One has only to look at the member of the 442nd and the 100th who exemplify the hard working, loyal veteran who is sadly underserved in Hawaii by the VA.

You will note that a conservative estimate of Hawaii's veteran population is approximately 110,000, a surprisingly high ten percent (10%) of the total population of the state. When you consider that most of those are men, that figure represents closer to twenty percent (20%) of Hawaii's male residents, that is, one (1) in five (5) of Hawaii's men are veterans. However, the low profile of the Veterans Administration in Honolulu and a lack of needed services result in withholding from Hawaii's veterans from their VA health care benefits. Although there is a fine Outpatient Clinic, the lack of a VA medical center, state veterans' home, nursing home, hospital based home care program, day care, day health rehab, inpatient geriatric evaluation unit, and other related services and facilities, results in Hawaii's veterans going without.

This low profile of the VA results in many veterans not being aware of their benefits and a "suppressed utilization" of the VA Outpatient Clinic and acute care services presently available at Tripler Army Medical Center.

Tripler Army Medical Center. The use of Tripler Army Medical Center for the VA's inpatient care further suppresses utilization of VA services. I am a consultant in geriatrics at Tripler Army Medical Center and, therefore, I am aware of the many fine dedicated people attached there. I have also been aware of numerous efforts on the part of Tripler Army Medical Center's administration over several years to better serve Hawaii's veterans. However, despite these efforts, the central mission of a military medical center is so different from the needs of the veteran population that Tripler is just not well enough staffed in either the number or the types of health care providers to meet the veterans' needs. The typical military patient is unlikely to require the spectrum of ancillary services required by veterans. Therefore, Tripler does not have the depth or the professional level of staffing required in the areas of social work, outreach nursing, rehabilitation medicine, or home care required to assist elderly patients recover a measure of independent living after an acute illness. The military retired person and dependents of military retired persons often have the same needs as veterans. However, military retired people are usually somewhat better able to purchase services because of their retirement pension incomes and higher social status.

Noncontiguous State and Counties. The veteran of Hawaii is in a situation atypical from that of the forty-eight (48) contiguous states. VA medical centers on the mainland often have a catchment area which includes bordering states. Hawaii has limited access at best to any mainland facility. As you know, of Hawaii's million people, 800,000 reside on Oahu. This geographical situation would permit eligible veterans to access VA services quite readily where they are available in Honolulu, but excludes them from care provided in any other state. Because of the noncontiguous nature of this island state, our geography would also argue for the development of services, especially long-term care, on each of the major islands. It would be a shame for an older resident who has lived his/her life in Kauai or Hilo or Wailuku to have to come to Honolulu for long-term stays.

Advocacy. It is out of character for the people of Hawaii to demand services to which they are entitled. Perhaps that partially explains the embarrassingly few services that are presently available. This is a situation which should not be allowed to continue.

Continuum of Care. The people of Hawaii need a strong advocate, yourself, to help them. The following is a list of services which should be developed as soon as possible:

1. Acute Hospital Care Services. You have already been provided with data which supports the development of a VA capacity for at least a 100 bed acute inpatient VA capability for Hawaii. Certain factors which should be considered are first, the acute inpatient facilities should be readily identifiable as VA and should be staffed by VA personnel. Veterans are likely to get better care if the people caring for them know that they have a job because there is a veteran patient. In this case, the veteran becomes the central mission of the facility. A number of options for the development of this acute care facility ~~is~~ are possible. We could develop a freestanding VA medical center, we could develop a VA hospital in a separate building located on the site of one of Honolulu's community hospitals, or we could occupy, under lease, a number of floors of an existing hospital. A freestanding facility would be the most visible and the most easily expanded for the development into a comprehensive medical center. Leasing space in an existing hospital is

more quickly done and could suffice for an interim period. This provides for less visibility for the VA, but for the more rapid development of acute services.

2. Nursing Home Services. You have been provided with data which documents a shortage of nursing home beds in the state of Hawaii, especially those at the intermediate care facility level. It is not unusual for as many as twenty percent (20%) of the daily census of hospitals in Hawaii to represent patients waiting for nursing home beds. Therefore, there is clear documentation, both in terms of calculated projections of need and the actuality of patients waiting for long-term care. As you know, for the last seven (7) or eight (8) years, there has been a plan to convert the E-Wing at Tripler Army Medical Center to a nursing home with medical/surgical and psychiatric long-term care beds. The nearest estimates of the availability of such beds if we were to proceed without delay would be 1991. However, the cost of renovation of the facility has been brought into question. There is no question, however, of the need for long-term beds. If we were to develop a VA medical center which is freestanding, the nursing home beds would best be developed on-site. At the very minimum, there should be a comparison of cost between renovations of E-Wing and the construction designed to serve both acute and long-term care bed needs.

3. State Veterans' Homes. The shortage of nursing home beds, care homes, and other long-term care facilities in Hawaii makes consideration of the development of a state veterans' home of particular importance. There is a continuing need for the higher levels of long-term care such as skilled nursing and intermediate care level. There is also a need for lower levels of care which could be provided in a state veterans' home. There are thirty-eight (38) other states which already have both a VA nursing home and a state veterans' home. A veterans' home or domiciliary care could be decentralized from Honolulu to include the neighbor islands. I would suggest that we actively pursue a relationship with the state of Hawaii to establish these services. The state already has a number of facilities located on the neighbor islands which could be expanded to include state veterans' home beds. One has only to consider the underutilized facilities of Leahi and Waimano in Honolulu and state facilities located on the outer islands to see immediately the feasibility of such an endeavor. Translated to human terms, this would mean that the veteran who is a long-term resident of the neighbor islands may be able to remain there and receive state veterans' home services on their own island. John Lewin, M.D., State Director of Health, has expressed strong interest in pursuing this idea.

4. Hospital Based Home Care (HBHC). Following quickly on the heels of the development of acute facilities for the VA in Honolulu should be the development of hospital based home care (HBHC). Home care

services in Hawaii are one of the fastest growing levels of service and care. However, the limited nature of reimbursement for these services virtually excludes them from anyone who requires long-term in home services. As you know, under Medicare, there is no reimbursement which provides "maintenance" health care at home. Yet, it is this "maintenance" health care which precludes the utilization of much more expensive inpatient care. The VA, responsible for providing continuing care to its eligible veterans, and, therefore, taking a more comprehensive view, has an interest in care which is both of quality and which cuts costs. The General Accounting Office report on home care is often misquoted as finding home care to be "more expensive". A careful reading of the report, however, shows the cost of care to individual patients is reduced. However, they are careful to point out that mortality is reduced and utilization could be heavy. Therefore, their conclusion that home care is more expensive translates to "the cheapest patient is a dead patient, the next cheapest is the one who does not get any care." This is too narrow a view for the VA. Care which can be provided at home results in greater patient satisfaction and overall cost savings since only the health care itself is provided, not food or shelter.

5. Day Care/Hospital. Again, taking a more comprehensive view of health care for Hawaii's veterans and taking into consideration that usual primary caregivers may be employed, a day health facility would allow more veterans to remain at home. These services fill the gap for people who require supervision during the day. This allows for more people to remain at home, again reducing the VA's cost for food and shelter. A small program for psychiatric day hospital is being planned for Hawaii at present. The staffing should be increased to allow for medical patients.

University of Hawaii. The VA has a strong commitment to university affiliations. This provides better quality staff and superb care while providing the schools with faculty salaries and training opportunities. This is the classic "win-win situation". At present, the VA Outpatient Clinic is already heavily involved with training. Relationships have been established which should be further broadened and strengthened as VA services expand. For older veterans, this would provide access to the medical school's geriatric medicine and psychiatry programs and the new University of Hawaii Center on Aging presently in its developmental phase.

Research. Hawaii presents a unique natural laboratory for the close study of people of many different ethnic backgrounds and numerous cultural influences. Older people are ethnically distinct, but as you know, there is considerable blending going on in the younger generations. This presents an opportunity to study genetics versus environmental influence, or "genes versus means". As the VA expands in Hawaii, we should have a strong research base with a focus in geriatrics and cross-cultural studies.

Thank you for allowing me to provide this testimony to your committee. Please let me know how else I might be helpful to your efforts.

Respectfully yours,

Patricia Lanoie Blanchette

PATRICIA LANOIE BLANCHETTE, M.D., MPH

cc: Director, VA Regional Office/Outpatient Clinic, Honolulu, HI
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April 23, 1987

U. S. Representative Daniel Akaka

U. S. Representative Patricia Saiki

Senator Alan Cranston, Chairman
United States Senate
Committee on Veteran's Affairs

Senator Spark Matsunaga, Ex-Officio Chairman
United States Senate Hearing in Hawaii
of the Committee on Veteran's Affairs
Room 3104
Prince Kuhio Federal Building
Honolulu, Hawaii 96850

Senators Cranston, and Matsunaga, and Representatives Akaka and Saiki, Honorable Guests, and Respected Veterans:

May I first thank you, Senator Cranston, for authorizing Senator Matsunaga to conduct, for the first time in ten years a Senate Committee hearing in Hawaii on Veteran's Affairs. As a former resident of California, prior to relocating in Hawaii in 1974, I appreciate greatly your having given me the opportunity to address this committee in my "new" Home state of 13 years. And to you, Senator Matsunaga, a big mahalo for conducting this hearing in Hawaii, albeit in Hawaii. The island on which I live is Kauai, and as much as I wish that satellite hearings might have been held on the neighbor islands to enable others to appear, witness the proceedings, and offer their testimony in person, I am grateful that you, a born and raised Kauaian, chair this hearing. Many of us are aware that you hear the concerns of the neighbor islanders, and it has made it easier for some of us to appear before this committee without fear of (1)reprisal, (2) being ignored, and/or (3) being treated unfairly. I thank you personally, also, Sir, for letting me submit this testimony in writing to you within ten days of said hearing. Additionally, mahalo to you, Representatives Akaka and Saiki, for your attendance at such an auspicious occasion.

My name is E. Courtney Kahr. My grandfather was a Veteran of the Spanish American War. He died as a disabled Veteran in a Veteran Administrative Hospital in Washington State before I was born. My father was a Veteran of the First World War. He died as a disabled Veteran in my family's home in California when I was 27 years old. My brother served in World War II. He is, today, a disabled Veteran who was treated abominably in Tripler Hospital, and opted to get better treatment in the Veteran's Administrative Hospital in Washington where our grandfather died. I had three brother-in-laws who served our counrty in the Korean and/or Vietnam War Eras. I have not militarily served this country in wartime myself.

Today, however, I appear before you as a heartbroken woman survivor of war, not as an attorney licensed to practice law in the State of Hawaii and in all of our Federal Courts, inclusive of theUnited States Supreme Court, which I am. I have tried the legal route in seeking redress for my present family, my husband Chris D. Wright, a Kauai High School graduate of 1965, and our children, and found it wanting. He is a Vietnam Veteran, having served with the 4th Infantry Division, U. S. Army, and based in Plaku in 1967-68. He served 18 months in Vietnam, most of it in Dak Toh, and came home to Kauai, with not just a Purple Heart, a Bronze Star, a Vietnam Commendation Medal, and a Buddhist Dog Tag warped by shrapnel, but also with a 21 year old body riddled with shrapnel, scarred and limping from surgery to his right hip and leg, with ringworm and chloracne, ulcers, and serious health complications arising from PTSD and exposure to Agent Orange. I also suffer from PTSD. But, his medical records from Camaron Bay and Tokyo, Japan, for some reason, don't exist anymore. And, since our government didn't own up to it's use of Agent Orange in 1969, (not even until 1984), the present congressional legislation requiring a Vietnam Veteran to prove he had complications from Agent Orange exposure (from within one year of leaving "in country"), and/or present PTSD from psychiatric care we cannot any longer afford, is of little use to us.

The legal route doesn't work, sometimes. Above the steps of our United States Supreme Court are emblazoned the words "and Justice For All" sadly, it is apparent to many of us, whether in New York at trial in 1984, or at Washington D.C. then or today, or after listening to all of the testimony offered here in Hawaii today before your committee, that a great number of Veterans who have served their Country in good faith in wartime are, in the words of one of the speakers in the last panel, "at the end of the line" does this Country, founded upon the premises of (1) Patriotism; (2) Freedom and Individual Rights; (3) No taxation without representation; (4) one man-one vote;(5) Capitalism and (6) all that our tremendous Constitution of the United States guarantees to us, really expect that we will have patriots who will give their lives today, or tomorrow? For what? Those who have already served our Country, in times of war as well as peace, and told by officials here before you that they must wait for *health care* until those who presently serve now in some sort of "peaceful detente" have been treated. How sad. How frightening. How frustrating. How dishonest. How disrespectful. Is that equal protection under the law, or even life, liberty and property with adequate assurances of the due process of law being administered by our officials, elected and/or appointed by "us" taxpayers? Don't even democratic, socialist Countries take care of the health of all their citizens, much more so of those who have "done their time"?

My husband is an only child. His mother was born and raised on Kauai in a Plantation Camp. She is Japanese, and had to learn, along with the many others of her family, that her own father, Isei generation, was to be interrogated and interred by this government just because he'd visited his family in Japan some months before 12-7-41. I was not born until the end of World War 11, in 1945. Yet I learned of the infamous *Korematsu* decision while I was in Law School at the University of San Francisco. My in-laws learned of it's application first-hand. Yet my husband, who was not born until 1946, volunterred to serve his Country when the Tet offensive was abourt to rage in Vietnam. His uncles served in World War II or Korea, so he learned, early on, to love th U.S.A., regardless. As did his stepfather, now a retired military career man and veteran of both the Korean and Vietnam wars. Can we ignore my in-laws plight of 1941-45, or later, or theirs or ours today with yet other sufferers in need of care, be it health or otherwise? Reparations and/or redress must be made to all of our veterans of war, before we, as a Country, can courgeously, righteously, and blatantly encourage and advertise for our youth of today to "see the world" at the *expense* if, and in the *service* of, thier Country.

I also appear before you today as an angry woman. I have seen, personally whether family to me or otherwise, outrageous treatment of Vietnam and other war Veterans. Not from the Vietcong, or Germans, or other enemies in wartime, but rather from our own government: it's Executive, Legislative, and Judicial Branches, but most abhorrently, from its Department of Defense, Veteran's Administration and/or its Center for Disease Control. Pass the buck-itis abounds once again. Why does the sole survivor of a platoon in Vietnam, he a local boy from the Big Island, get told he has less than one hour to catch a taxi outside Kahi Mohala (a Browns Psychiactric Hospital in Ewa Beach, Hawaii) to go to Tripler? Because one bed has become available there? Because it's cheaper? Because Tripler is pink and the Veteran's Administration knows the will drive in and of itself, a Vietnam combat Veteran to suicide? or because he suffers from PTSD, as unacceptable to the Veteran's Administration today as shell shock was to General Patton in World War II? or simply because he doesn't matter any more to his government, now that he pulled his time? Is he just expendable, to be treated like an animal whose outlived his use in guarding the perimeters of his "home"? Should your committee desire confirmation of the fact, not opinion or disgruntling questions posed hereinabove, please contact Dr. George Bussey, Psychiatrist and Director of Adult Service and Alcohol and Drug Recovery at Kahi Mohala, (808)671-8511

Why is my family still paying for all of our medical care related to PTSD and/or agent orange complications? Just because the Veteran's Administration refuses to pay for us? Why does Kauai's Veteran's Administration Administrator get told by his superior not to talk during the D.S.S.H. panel discussion? Or why, is he, a Vietnam Veteran himself, told by State of Hawaii Security that his rental car would be ticketed and/or towed, since he parked it in the basement of the Capitol Building. He was on legitimate State business to attend your hearing, even at his own expense. His car was not cited nor towed, not because of the D.S.S.H. in the State of Hawaii nor the Veteran's Administration, but rather because of the compassionate intervention of Kauai's State Senator, Lehua Fernandes-Salling. Are our Veterans just incumbrances to the Veteran's Administration? A yoke to be born, and treated with so much diatribe, buck-passing, ineffective and uncaring bureaucracy, waiting for a legislative body or person to oil its wheels to make it run for a change? Why did the State of Hawaii, in setting up this hearing, seat you respected United States legislators behind a table with nameplates that said Mr. and/or Mrs. instead of your titles? Hawaii is, after all, no matter what some may think, the 50th State of the United States, and it should, one would hope, want to treat your Committee with the honor, dignity, and respectful designations due you in your positions.

I ask many questions, because I so desired to cross-examine or interrogate members of the last panel before you. After all, they sat in full regalia, with polished shoes, and a cordon of military personnel to whom they could pass the buck or call upon for assistance, be it physical, mental, or verbal. Some, outside you hearing, even passed the buck to the CDC, in its absence. It's better, I think, sometimes, to use the legal procedures, techniques, and, perhaps, Robert's Rules of Order to make a point. Maybe, as a mere rebuttal witness my testimony would have had more value. However, at other times, I'm so outraged at our system's inability to address, or redress, the grievances of its patriots that I would prefer to stand steadfast in protest against inhumane, computerized techniques, and/or rusty cogs of machinery. Not until 1990, Senator? With all due respect, it seems to me that perhaps they didn't hear your right the first time, years ago. Will my husband or I be alive in 1990? I don't know the answer to that question, nor could anyone else, save God. But we've already had our Patrick Henrys, Paul Reveres, John Hancocks, Benjamin Franklins, George Washingtons, Abraham Lincolns, Teddy and Franklin Roosevelts, Harry S. Trumans, John and Bobby Kennedys, and Martin Luther Kings. Must we have more patriots who lose their lives simply because they can't get speedy, proper, considerate, efficient, adequate, diligent, professional, and/or fully paid for care? Do we need another Vietnam in Nicaragua, Iran, Afghanistan, Iraq, Israel, Libya, Lebanon, Sri Lanka, the Philippines, or South Africa, so we can lose the lives of our present and future generations before we wake up to our responsibilities?

My husband is working today on Kauai, and my stepdaughters are there in school. My daughter is here today with me, however, on her Spring Break form school in California. She turns 16 this week, and her heart's and mind's desire is to be "an officer and a gentlewoman". She wants to go to the Air Force Academy when she graduates from High School in 1989. She is not as angry or as disheartened as I at what we have heard here today. But make no mistake. She, and her stepsisters, and others like them, will expect some reparations for their families and/or friends before they volunteer to serve this country in wartime. We all appeal to your good common sense, intellectual minds, hearing ears, seeing eyes, vocal mouths, compassionate hearts, and ki. Imua, Mabuhay, Bonsai, and God Bless You for letting us speak our piece(peace).

Sincerely,

E Courtney Kahr

E. COURTNEY KAHR

P.S.

Lest someone might think this written testimony would exceed 5 minutes if spoken, I assure you often I speak too fast for Court reporters to transcribe easily.

OFFICE OF VETERANS AFFAIRS
AMERICAN SAMOA GOVERNMENT
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April 14, 1987

STATEMENT OF

JOHN TUUFALA KANE
VETERANS AFFAIRS OFFICER
VETERANS AFFAIRS OFFICE
TERRITORY AMERICAN SAMOA

BEFORE
COMMITTEE ON VETERANS
AFFAIRS UNITED STATES SENATE

WITH RESPECT TO
HEARING ON HAWAII'S
VETERANS APRIL 14 1987
HONOLULU HAWAII

MR. CHAIRMAN AND MEMBERS OF COMMITTEE

Thankyou for the priveledge of allowing this statement before this distingquished committee. My name is John Tuufala Kane. It is my honor to serve the thousands of Samoan veterans and their beneficiaries, in capacity as the veterans Affairs Officer of American Samoa.

As far as health care is conserned for the veterans in American Samoa, we have been very fortunate in the past. Many veterans in the Territory have been extended, air travel and treatment by VA Honolulu over the past. This type of service has proven to be very beneficial in solving health related matters to the veterans of Samoa, that do have a high rate of service connected disabilities.

Recently I have been informed that in the near future all off Island travel will no longer be available for the veterans of Samoa, Guam, and outer Islands of Hawaii. This could mean that a veteran regardless of his physical and financial condition will be solely responsible for finding his or her own way to the nearest VA Medical facility. In this case being VA Medical Clinic located within the Federal Building in Hawaii.

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However in spite of all this, I ask your attention to what is available as far as medical treatment in American Samoa. We have presently, LBJ Tropical Disease Medical Center. LBJ at best serves only as Clinic and General Medical Center with a very limited capacity in respect to modern health care.

It is not my intention today to go into all the minute details of the facilities located within LBJ, but!, only to humbly request this honorable committee to consider the plight of veterans residing within the pacific community with respect towards their health care.

In closing, American Samoa still claims the highest casualty rate in Viet Nam, and the largest group serving on active duty today per capita, than any other community within the United States of America. The men and women of American Samoa have served in the United States Armed Forces, since 1900, with honor and distinction, and humbly request that their health status be given a fair shake.

Therefore with respect it is humbly requested with regards to this Honorable Committee's consideration and empathetic review, that the veterans within the pacific community be allowed to continue being transported and treated by the Veterans Administration with regards to their health care problems.

This concludes my statement, I will be honored to answer any question you may have.

HAWAII MEDICAL ASSOCIATION
320 WARD AVENUE, SUITE 200 • HONOLULU, HAWAII 96814
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April 14, 1987

TESTIMONY OF RUSSELL T. STODD, M.D., PAST-PRESIDENT, HAWAII MEDICAL ASSOCIATION -- OFFERED TO THE U.S. SENATE COMMITTEE ON VETERAN'S AFFAIRS

My name is Russell Stodd. I am a doctor of medicine currently in active practice on Maui, one of the neighbor islands about 90 miles east of Honolulu. Thank you very much for affording me the privilege of offering testimony in regard to the medical care of veterans in Hawaii.

At the present time, those veterans who wish to avail themselves of the medical services of the Veterans Administration here in Hawaii confront some obstacles. Medical and surgical care to be provided by physicians on Maui must first be approved by VA authorities on Oahu. At times, communications are frustrated, delays can occur, or it may be deemed necessary by VA authorities that the patient should travel to Tripler Army Medical Center for care. Reimbursements for the physicians are approximately 50 per cent and at times are slow in coming. (Although we understand that there has been an approved increased in reimbursement effective February 1, 1987, we should point out that the last increase was in 1977.) The result is that both patient and physician find the situation difficult.

Especially formidable are the problems encountered with patients who require ongoing outpatient care. Whether it is followup for major surgery performed at a VA institution, or continued therapy for a psychiatric illness, both the physician and patient are hard-pressed. The therapeutic program may be ill-defined, continuity is often lost, and reimbursement for the provider may be questioned or even denied. Consequently, many physicians simply refuse to provide care for patients within the province of the Veterans Administration.

Profoundly vexing are the mental illnesses of those who claim to have suffered in the Viet Nam conflict. Currently the disorders of spouse or child abuse, alcohol and drug impairment, unemployability, or simple indolence, may all be excused with the line, "Hey, man, I was in Nam" or "I was splashed with agent orange in 1968." Of course, this perplexing quagmire exists all over America, but seems painfully insoluable here.

As for Maui in particular, I believe it would prove helpful if a physician were employed on a part-time basis to allow local review of complaints and care. Such a person would require the authority of a "gatekeeper" in order to certify appropriateness of care, but would not provide that care him/herself. I am sure this concept is not new, but as far as I know, it has not been tried here in Hawaii. If it were instituted for a trial period of perhaps three years with evaluation at the end of that time by the patients, the Veterans Administration, and by the local medical society, I believe it would prove a useful way of assisting in the care of Hawaii's veterans who live on the neighbor islands.

Again, may I thank you for recognizing our difficulties and for appearing here to receive local opinions and suggestions.

Sincerely,

Russell T. Stodd, M.D.

Russell T. Stodd, M.D. for
HAWAII MEDICAL ASSOCIATION

PUBLIC TESTIMONY
SENATE VETERANS AFFAIRS COMMITTEE
HONOLULU, HAWAII
APRIL 14, 1987

Senator Matsunaga, Senator Cranston, Members of the Veterans Affairs Committee:

It is most unfortunate that I cannot be in Honolulu to present this testimony in person but the very nature of this hearing, the delivery of veterans' health care services, has made the cost of a Honolulu trip prohibitive and beyond our means. More specifically, it is the non-delivery of such essential services and information to "outer island" veterans that has contributed to the depletion of our financial resources to the point that placing food on the table has become the major priority.

My husband and I have never had any direct dealings with the Veterans Administration until two months ago. My husband is a retired 20 year veteran of the U.S. Air Force and served in both the Korean and Vietnam wars as an NCO. Our medical needs have been partially met by the Champus program in the past. Of course, living on the Island of Hawaii, we have no access to a military hospital or outpatient clinic and therefore are unable to receive any vision or dental benefits which, during this past year, amounted to over $2,000, taking a considerable bite out of our income. But, obviously, Champus benefits are not the subject of this hearing though I sincerely hope that this program will also be reviewed in the near future.

At any rate, about two months ago, after seeing the movie, "Platoon", my husband, who had no previous major mental disorders, suddently began to act in a highly emotional and bizarre manner. He started to have nightmares and was overcome with uncontrollable fits of crying and with flashbacks relating to personal memories of his extensive combat experience. Within three weeks he became violent, finally attempting to stab me, kill himself, and threaten us with a hand grenade. My daughter and I fled, taking refuge at a friend's house. Terrified, and at a loss as to what

Hilo who gave me the names of people and organizations in Honolulu to contact. He also referred me to a Veterans Counselling Center in town which I phoned for advice. After explaining that my husband was in the midst of a highly volatile nervous breakdown and was armed and dangerous, their only suggestion was to set up an appointment for an office visit in a week or two and that maybe then they would get the paper work completed to see if he qualified for their services. I was outraged at their insensitivity and plain stupidity. I needed immediate help, not a distant appointment for paper work procedures. Obviously, no help was available from Veterans' agencies on our island.

During the following two days I placed long distance phone calls to all the veteran agencies in Honolulu, also to no avail. I finally reached a personal friend in Honolulu who happens to be a psychiatrist and was told to immediately get a court order for an involuntary committment to Hilo Hospital and how to go about doing that. With the help of our local police department, who were much more sensitive and enlightened than the Veterans counsellors with whom I'd spoken, my husband was finally taken to Hilo Hospital. He was diagnosed as having Post Traumatic Stress Disorder.

At hospital admitting, I was uncertain about what insurances would cover my husband so I listed the V.A. and Champus. This caused great confusion but eventually it was apparantly determined that my husband would be there as a V.A. patient. I was never informed about this decision or of any follow-up information. No one from the V.A. phoned me. I again called our local Vet Representative and was given forms to fill out that were to be addressed to the Honolulu Vet Representative. For more specific information, I would have to call Honolulu. There is no Watts line available and the Honolulu Veterans Administration does not take collect calls. Basically, what ever I needed to find out was available from Honolulu but at a cost. I had to pay for the long distance calls. At this time I would like to point out to your committee that the cost for all the Honolulu calls over these last two months has exceeded $200.00.

At the hospital my husband was evaluated and treated by a very capable psychiatrist and placed on various medications to alleviate his immediate symptoms. Because Hilo Hospital's Psychiatric Unit is ancient and soon to be moved, it is not considered to be a long-term treatment facility and so it was suggested that he be sent to Tripler where he could receive the needed rehabilitation. His doctor tried to arrange this but Tripler was over-crowded and it was eventually decided to send him to Castle Hospital on Oahu. I made some attempts to get V.A. assistance with the transfer but as the day approached, it appeared that no one would accompany my husband on the trip and he was certainly in no shape to go alone. The only way that the transfer could be accomplished was if I took him there myself, paid for our plane tickets, rented a car and saw to it that he was admitted to Castle. The emotional and financial strain was enormous but there was no choice and no help.

My husband was under a lot of medication and the trip was exhausting but went smoothly until we arrived at Castle Hospital. He was refused admittance, even though it had all been prearranged, because the V.A. hadn't given final approval and the hospital wanted to know who was going to pay the bill. In spite of his medicated state, my husband became highly agitated right there in the hall. I was equally frustrated. We waited on a lanai with his suitcase for 3 hours until he was finally approved for admittance and assigned a room and bed. I stayed at a hotel for 2 nights, spending most of the days in the hospital with him, speaking to his psychiatrist, and phoning every Veterans' agency to find out what future services may be available and what, if any, financial assistance we could receive. Answers were vague. At one point I was told that there might be some disability benefits for which he might qualify but since he receives retirement pay, it was doubtful that we would see any additional money, even though he was now disabled, lost his job, and was not likely to able to work for some time in the future. I was told to file the forms nontheless, but that a determination of his disability would take months and Hawaii was considered ultra conservative when it came to such payments. I would probably end up filing an appeal and the whole process could very well take a year or more.

Despite such disheartening news, I made an appointment with the Vet Representative in Honolulu to file the necessary papers just prior to my flight back to Hilo. I waited quite a long while and ended up with no additional assistance but with a $30 parking ticket at the Federal Building. I was sorry to leave my husband on Oahu, but glad to be physically gone from the V.A. bureaucracy. It had been a very expensive trip and highly emotional and frustrating.

For the next ten days my husband called collect from the hospital on numerous occasions, needing the support he felt he could receive and I called his doctor in Honolulu a number of times for information on his progress. During one of these conversations, I was informed by the doctor that the V.A. told the hospital that they would not pay for services after a specific date, that my husband had used up his benefits. The alternatives were to place him in Hawaii State Hospital or release him. He was doing well under treatment but far from ready to come home. Again, I started my round of long distance phone calls to the Veterans' agencies to see if there were halfway houses available. There were none on our island that would be appropriate and the one that existed on Oahu cost over $300 per month. This information was given to me by the hospital's social worker. There would be no financial assistance from any source. The V.A. had paid for my husband's hospitalization for 5 days at Hilo Hospital and 17 days at Castle Hospital. That was it.

By this time our personal finances were exhausted. There was no income from my husband's job, there were major phone bills, there was all the travel expenses, and all the other bills that don't stop just because one becomes disabled. I had recently started a business which required constant contacts with potential clients and due to the traumatic and time-consuming experiences of the past month, the business was producing no income. My daughter developed a stress-related physical disorder and is not covered by Champus because she is a child of a previous marriage. That doctor bill had to be paid. We were ineligible for welfare assistance because my husband receives retirement pay, which incidentally comes to $623 net per month and which unfortunately is attached to a bank loan for a car so that our current income for the three of us is approximately $315 per month. I also contacted the Social Security Administration and though we filed those papers too, it will be months before they make a determination and there is not much hope in that arena either. But, this committee's concern is Veterans' Health Care and I hereby submit that for us, for neighbor island veterans, these services are sorely lacking. We are the people who typify the expression, "falling through the cracks" of the system.

Our story is far from over. My husband ended up staying in a small room on Oahu which he shared with an old friend from his childhood days, a most uncomfortable situation. After 2 weeks, he was stable enough to come home, at our own expense, of course. He's still under medication and will be seeing a psychiatrist on a regular basis for some time to come. There is no V.A. pharmacy on our island and it is necessary to pay in advance for his medication then send the receipt to Honolulu for eventual reimbursement, which we have not received as yet. Who will be paying for the services of his doctor and for just how long? I've asked these questions and am continually referred to the V.A. in Honolulu. I can no longer afford the long distance calls. We have had to borrow from friends and relatives to make ends meet and now, finally, with our backs against the wall, we will be forced to sell our last possession, the house we live in. If all this sounds dramatic, I can assure you that it is only a small part of what we have faced in the last two months.

In conclusion, there are a few points I would like to make. All the individuals that we have dealt with that are connected with the Veterans Administration did try to be of assistance. The problem was and is the system. In most cases, their hands were tied by the rules and regulations. There is no direct communication system between Honolulu and the neighbor islands, no opportunity to get or relay information without a cost to the veteran. There is no real advocacy for neighbor island veterans. There is a definite lack of any type of crisis intervention or assistance. There is a great need for case workers who perform follow-up services for catastrophic illnesses and the subsequent delivery of long term health care.

Veterans living on the neighbor islands are at an enormous disadvantage since the current health care system seems geared to the needs of Oahu residents only as my experiences have shown. I sincerely hope that this hearing produces the urgently needed reforms in a system that, at this point, comes close to being a mockery of what it is supposed to accomplish, to help the veterans in their time of greatest need.

Mahalo for your attention.

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